N311 Care Plan

Lakeview College of Nursing

Julianna Flores

Demographics (5 points)

Date of Admission 10/14/2020	Patient Initials T. P	Age 10/04/1950 (70 y.o)	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Divorced	Allergies Lisinopril, Pravastatin, Statins
Code Status Full- No ACP docs	Height 5'2" 157.6 cm	Weight 280 lb. (127 kg)	

Medical History (5 Points)

Past Medical History: Hypertension, Uterine Cancer (2006), hyperlipidemia, umbilical hernia, Diabetes Mellitus (Diet controlled)

Past Surgical History: Full Hysterectomy (2006), Cholecystectomy (Several years ago, could not remember the exact year)

Family History: Sister: Alzheimer's Mother: Alzheimer Aunt: Alzheimer's Father: No known problems

Social History (tobacco/alcohol/drugs): Patient reports history of smoking 1 pack per day but quit 23 years ago. No alcohol or recreational drug use.

Admission Assessment

Chief Complaint (2 points): Tenderness to umbilical hernia

History of present Illness (10 points):

Onset: On the 14th of October 2020, a well-groomed, 70-year-old woman came to OSF Urbana for Tenderness to Umbilical Hernia. A CT of her abdomen/pelvis was done which revealed a midline hernia. Pt was discharged and instructed to follow up with general surgery. Pt returned two hours later because the pain did not ease up. Pt was seen by a general surgeon and was admitted so she could obtain surgery. Location: Umbilical region of abdomen, but pain extends

to upper abdomen. Duration: Pt stated: “I’ve had an umbilical hernia for years, but for the past couple weeks it has been hard and tender”. Characterizing symptoms: Pt stated: “My abdomen is tender when I touch it”. Associated manifestations: None, no other symptoms. Relieving factors: Rest, “Sitting in a chair makes me more comfortable”. Treatment: Patient was seen earlier for this complaint but came back due to pain.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Umbilical Hernia

Secondary Diagnosis (if applicable): N/A

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

A hernia is the projection of the small intestine through a weakened abdominal wall muscle (Capriotti, 2020). An umbilical hernia is classified as an abdominal wall hernia that is located three inches above or below the umbilicus (Anouchka et al, 2020). An umbilical hernia can protrude through the umbilical vein or weak umbilical fascia and is composed of skin, subcutaneous tissue, weakened fascia, and peritoneum (Anouchka et al,2020). Ten percent of patients experience an umbilical hernia during childhood, while 90% acquire them in adulthood (Anouchka et al, 2020). Umbilical hernias are caused by increased pressure in the intestines on the weak abdominal wall until it eventually separates allowing the intestine to protrude through it (Capriotti, 2020). Factors that weaken the abdominal wall and increase the chances of developing an umbilical hernia are pregnancy, fluid on the abdomen, peritoneal dialysis, liver failure, poor nutrition, and obesity (Anouchka et al, 2020). The signs and symptoms of an umbilical hernia depend upon the size of it. A small hernia typically does not bother the patient, but in older and obese patients, like T.P, the hernia continues to grow until it causes continuous

discomfort (Anouchka et al, 2020). Umbilical hernias are usually diagnosed by a thorough physical examination of the abdomen. The physician may ask the patient to cough, which increases pressure in the abdomen and causes the hernia to protrude (Capriotti, 2020). However, if the patient is obese such as T.P, a CT scan might be needed to make a diagnosis. CT scans are also ordered to check for complications such as a bowel obstruction which T.P did not have (Anouchka et al, 2020). There are two treatment options available for umbilical hernias. The first is applying manual pressure to the hernia to push it back in place (Capriotti, 2020). This method is typically done on hernias that do not cause the patient any pain. The second option, which was done on T.P is surgery. There are two surgery options available, suture repair and mesh repair (Anouchka et al, 2020). During suture repair, sutures are placed to repair the abdominal wall muscle. Unfortunately, this method has a ten percent recurrence rate (Anouchka et al, 2020). Mesh repair, called herniorrhaphy, involves the reinforcement of the weakened abdominal wall muscle with synthetic material using several different techniques (Anouchka et al, 2020). This technique requires more surgical skill and experience but results in fewer recurrences than the suture repair technique (Anouchka et al, 2020). If treatment is not done, the bowel may become at risk for lack of oxygenation which occurs due to strangulation of the bowel by the abdominal wall muscle (Capriotti, 2020). After surgical repair, the outcome is good. However, if the patient continues to gain weight, their risk for having another umbilical hernia requiring surgery is likely. T.P stated “She has had her umbilical hernia for years” but it did not bother her until recently. Her BMI puts in her the obese category, which increased her risk of it enlarging and causing her pain.

Pathophysiology References (2) (APA):

Coste, A. H., Sahned, J., & Parmely, J. D. (2020, January). Umbilical hernia. NCBI. Retrieved October 20, 2020, from https://www.ncbi.nlm.nih.gov/books/NBK459312/

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

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	**3.80-5.30**		**4.36**	
Hgb	**12.0-15.8**		**11.5**	**Hgb and Hct decreases are common due to anemia because of blood loss during surgery (Capriotti, 2020).**
Hct	**36.0-47.0**		**35.4**	
Platelets	**140-400**		**247**	
WBC	**4.0-12.0**		**7.20**	
Neutrophils	**47.0-73.0**		**45.9**	**Neutropenia can occur due to viral, bacterial, or parasitic infections (Capriotti, 2020).**
Lymphocytes	**18.0-42.0**		**39.4**	
Monocytes	**4.0-12.0**		**6.8**	
Eosinophils	**0.0-5.0**		**7.1**	**Eosinophilia occurs due to allergic or parasitic infections (Capriotti, 2020).**
Bands			**n/a**	

Normal values obtained from EMR

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-	136-145		141	
K+	3.5-5.0		3.8	
Cl-	98-106		108	Patient is receiving sodium chloride intravenously at a rate of 75 mL per hour. This rate may need adjusted as her electrolyte balance is off which could be why she is retaining fluid in her legs. Pt's diabetes may also be affecting her kidney function resulting in electrolyte imbalance (Cafasso, 2018).
CO2	21.0-32.0		24	
Glucose	60-99		109	Patient has diabetes mellitus which is diet controlled ("Urinalysis", 2019).
BUN	7-18		13	
Creatinine	0.7-1.30		0.85	
Albumin	3.5-5.5		3.8	
Calcium	8.5-10.1		9.3	
Mag	1.6-2.6		n/a	
Phosphate			n/a	
Bilirubin	0.3-1.2		0.3	

Alk Phos	**36-92**		**66**	

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 and clear**		**Yellow and Hazy**	**Patient has diabetes, sugar is spilling into her urine ("Urinalysis", 2019).**
pH	**5.0-7.0**		**6.0**	
Specific Gravity	**1.003-1.005**		**1.055**	**Patient has glucose in her urine which has elevated this value (Nall, 2018).**
Glucose	**Negative**		**1+**	**Patient has diabetes mellitus. Sugar is spilling into her urine ("Urinalysis",2019).**
Protein	**Negative**		**Negative**	
Ketones	**Negative**		**1+**	
WBC	**0-25**		**0-5**	
RBC	**0-20**		**0-2**	
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			**n/a**	
Blood Culture			**n/a**	

Sputum Culture			**n/a**	
Stool Culture			**n/a**	

Lab Correlations Reference (APA):

Cafasso, J. (2018, September 18). Hyperchloremia (high chloride levels). Healthline. Retrieved October 20, 2020, from https://www.healthline.com/health/hyperchloremia

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

Laboratory values. (2015). American College of Physicians. Retrieved October 20, 2020, from https://annualmeeting.acponline.org/sites/default/files/shared/documents/for-meeting-attendees/normal-lab-values.pdf

Mayo Clinic Staff. (2019, October 23). Urinalysis. Mayo Clinic. Retrieved October 20, 2020, from https://www.mayoclinic.org/tests-procedures/urinalysis/about/pac-20384907

Nall, R. (2018, September 16). Urine specific gravity test. Healthline. Retrieved October 20, 2020, from https://www.healthline.com/health/urine-specific-gravity

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

An abdominal/pelvic CT was done which showed a midline hernia containing transverse colon. No bowel obstruction observed.

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

Medications (5 required)

Brand/ Generic	**Gabapentin/ Neurontin**	**Prozac/ Fluoxetine**	**Nexium/ Esomeprazole magnesium**	**Zofran/ Ondansetron hydrochloride**	**Voltaren / diclofenac sodium**
Dose	**300 mg**	**20 mg**	**20mg**	**4 mg**	**75 mg**
Frequency	**Twice daily**	**Once daily**	**Once daily**	**Twice Daily, every 12 hours**	**Twice Daily**
Route	**PO**	**PO**	**PO**	**I.V**	**PO**
Classification	**Anticonvulsant**	**Selective Serotonin Reuptake Inhibitor**	**Proton Pump Inhibitor**	**Selective serotonin receptor antagonist**	**NSAID**
Mechanism of Action	**Inhibits the rapid firing of neurons associated with seizures. It also prevents exaggerated responses to painful stimuli.**	**Inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin available in a nerve synapse.**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium adenosine triphosphate enzyme system in gastric parietal cells.**	**Blocks serotonin receptors which prevents nausea by preventing serotonin release in the small intestine.**	**Blocks the activity of cyclooxygenase which synthesizes prostaglandins which causes an inflammatory response and localized pain.**
Reason Client Taking	**Treat nerve pain (from diabetes)**	**Treat depression**	**Treat GERD**	**To Prevent postoperative nausea**	**Treat osteoarthritis**
Contraindications (2)	**Hypersensitivity to gabapentin or its components.**	**Hypersensitivity to fluoxetine, or other SSRIs. Concurrent**	**Hypersensitivity to esomeprazole, substituted benzimidaz**	**Hypersensitivity to ondansetron or its components ,**	**Active GI bleed or ulcers, Hypersensitivity to diclofenac,**

		therapy with pimozide or thioridazine	**oles, or their components**	**concomitant use of apomorphine**	**NSAIDs, or their components**
Side Effects/ Adverse Reactions (2)	**Agitation, altered proprioception, amnesia, anxiety, apathy, aphasia, cerebral dysfunction**	**anxiety, balance disorder, drowsiness, headache, insomnia**	**Agitation, aggression, depression, blurred vision, dry mouth, abdominal pain**	**Abdominal pain, constipation, flatulence, indigestion, blurred vision**	**Bradycardia and other arrhythmia, edema, vasculitis, hyperkalemia, aplastic anemia**

Medications Reference (APA):

2020 Nurse's drug handbook (Nineteenth edition. ed.). (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Appears alert and oriented X3. No acute distress noted. Well-groomed, looks her age, dressed appropriately.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Pink Dry, normal Warm Normal, 2+ None 2 on both arms from I.V None 20, deducted 3 due to NPO status. Patient is fully independent and does not require assistance.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck symmetrical, normal hair distribution. No tracheal deviation or palpable lymph nodes observed. Thyroid is not palpable. Ears pink, no tenderness or drainage. No hearing deficit observed. Symmetrical EOMs, no drooping of eyelids, sclera white, conjunctiva pink, no drainage from eyes. Patient uses reading glasses. Nose free of discharge. Patient has her own teeth, no obvious tooth decay, or missing teeth. Throat pink, moist, and without ulcers. Tonsils 1+.
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:**	 Clear S1 and S2 heart sounds. No audible murmur, gallops, or rubs. Pulses 2+ throughout, symmetrically. Capillary refill normal, less than 3 seconds. Pitting edema (1+) observed bilaterally in lower leg above the ankle, skin was warmer than surrounding tissue.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds even, regular and nonlabored bilaterally. No crackles, wheezes or rhonchi 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:**	Normal NPO, following abdominal surgery. 5'2" 280 lb. Hypoactive bowel sounds in all four quadrants due to NPO status. Last bowel movement was two days ago. Abdomen is soft, tender near umbilical incision. No distention or masses noted upon palpation of all four quadrants. Scar in RUQ from cholecystectomy. Scar in hypogastric region from hysterectomy. No drains noted.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Yellow Hazy Pt stated she is urinating more than normal, but she is receiving IV fluids
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 ROM. Equal strength in upper and lower extremities, no weakness observed. Patient is independent, does not use assistive devices. Fall risk score 20 due to I.V (used Morse Fall Scale).
NEUROLOGICAL: **MAEW: Y ☒ N☐**	

PERLA: Y ☒ N☐ **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Appears alert and Oriented to person, place, and time. Cognitive with normal speech. Normal sensory response in fingers and toes. No neurological deficits noted.
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):**	Eating, escaping to a quiet environment. Normal Christian, but does not actively practice. Patient spends time visiting her mother and daughter.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0826	61	146/79	16	97.5	98%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1255	Numeric 0-10	Abdomen	0 when sitting 3 when touched	Tender	Positioning pt in recliner with pillow behind her back to prevent discomfort.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75 mL/hr.	Voided 1X

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. Risk for imbalanced fluid volume related to Intravenous fluids as evident by elevated Cl- value.	Patient is retaining fluid and has elevated electrolyte levels.	1. Assess and record VS to watch for elevated BP and decreased heart rate (Swearingen et al Wright, 2019). 2.Monitor and record I/O (Swearingen & Wright, 2019).	Goal met- Patient's vital signs were taken at 0826 am. Patient is still receiving fluids, her BP is elevated, pitting edema still present. VS should continue being monitored every 4 hours. Goal met- Patient states: "I am urinating normally, but I am urinating more than usual". I.V fluid intake and urine output are being monitored.
2. Nausea related to NPO status as evident by patient's vocalization about episodes of nausea.	Nausea is common for patients following surgery and who have a NPO diet status. Nausea was the only complaint my patient had.	1.Administer antiemetics as ordered (Swearingen & Wright, 2019). 3.Monitor for antiemetics effectiveness in addition to routine monitoring of GI system which includes monitoring	Goal met- Nurse is administering 4 mg of Zofran intravenously every 12 hours. Goal met- Patient states: "The medication is helping with nausea". Goal met- Bowel sounds were assessed and found to be hypoactive. When

		bowel sounds and periodically assess for patient's complaint of nausea.	asked, patient stated: "I am currently not experiencing nausea".

Other References (APA): Fall risk and Braden scale assessed using resources provided in lab.

Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health (5th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

"I've had an umbilical hernia for years, but for the past couple weeks it has been hard and tender".
"My abdomen is tender when I touch it""
"Sitting in a chair makes me more comfortable".

Nursing Diagnosis/Outcomes

Dx: Risk for imbalanced fluid volume related to intravenous fluids as evident by elevated Cl-.
Outcomes: Patient's blood pressure will be below 150.
Patient's pitting edema will subside within 6 hours.
Patient's urinary output will approximate input.
Dx: Nausea related to NPO status as evident by patient's vocalization about episodes of nausea.
Outcomes: Patient will not experience nausea.

Objective Data

CT Scan shows a midline hernia containing transverse colon without bowel obstruction.
Dx: Umbilical hernia
Cl- value: 108
Hgb and Hct low due to surgery
Neutrophils low, eosinophils elevated
BP-149/79
Pulse- 61
Temp- 97.5 degrees Fahrenheit
O2 Saturation-98%
Sodium chloride is being infused at a rate of 75 mL/hour.
Pitting edema bilaterally.

Patient Information

70 y.o female with a history of umbilical hernia, hysterectomy, and uterine cancer came to ED on 10/14/20 with complaints of tenderness due to umbilical hernia.

Nursing Interventions

Assess and record VS to watch for elevated BP and Decreased heart rate. - Met
Monitor and record I/O- Met

Administer antiemetics as ordered - Met
Monitor effectiveness off antiemetics in addition to routine monitoring of GI system which includes monitoring bowel sounds and periodically assess for patient complaint of nausea. - Met