N311 Care Plan # 1

Lakeview College of Nursing

Kaitlyn N. Holycross

Demographics (5 points)

Date of Admission 10/13/2020	**Patient Initials** BJS	**Age** 67 years old	**Gender** Female
Race/Ethnicity White or Caucasian	**Occupation** None on file	**Marital Status** Married	**Allergies** 13 allergies total: Eggs whites (diagnostic)- Anaphylaxis Codeine- Hives Penicillin- Hives
Code Status No CPR (has ACP docs)	**Height** 5'1''	**Weight** 225 lbs (102.1 kg) BMI: 42.51 kg/m^2	

Medical History (5 Points)

Past Medical History:.

Diabetes Mellitus (HCC), Hypertension, Arthritis

Past Surgical History:

Appendectomy, Breast Surgery, Mastectomy, Colon Surgery

Family History:

Mother- Chronic Obstructive Pulmonary Disease, Thyroid Cancer

Father- Chronic Obstructive Pulmonary Disease

*Both mother and father are deceased

Social History (tobacco/alcohol/drugs):

Tobacco- Former smoker (quit in 1987). Never used smokeless tobacco

Alcohol- None

Drugs- None

Admission Assessment

Chief Complaint (2 points):.

Not feeling well (comes in for acute cholecystitis)

History of present Illness (10 points):.

Cholecystitis is when the gallbladder becomes inflamed. In this patient's case, it is indeed caused by a stone blockage. The most common type of gallstone is yellow in color and is formed from undissolved cholesterol. This blockage can obstruct the passage way from the gallbladder to the small intestine.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):.

Cholecystitis, acute with Cholelithiasis

Secondary Diagnosis (if applicable):.

Type 2 diabetes, hypertension

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

Cholelithiasis is the when a stone is present in the gallbladder. There are three types of stones. Cholesterol stones which are the most common because of supersaturated cholesterol in bile. Cholesterol stone make up 80% of the gallstone found. The black pigment stones are small, hard gallstones that are made up of calcium bilirubinate and inorganic calcium salts. A black pigment stone most commonly originates from chronic hemolysis, alcoholic liver disease, and aging. The last type of stone is a brown pigmented stone which is made up of calcium salts of unconjugated bilirubin, with small amounts of cholesterol and protein. Obstruction and inflammation are often side effects to this blockage in the bile duct. It is very common for gallstones to be unnoticed and

remain non-symptomatic for a long period of time. The biggest concern for someone with a gallbladder stone is that it can cause inflammation which is called cholecystitis. As stated in Davis Advantage Pathophysiology textbook “In cholecystitis, gallstone commonly travel into the cystic duct, which arises from the gallbladder as the outflow tract of the bile.” Inflammation of the gallbladder is called cholangitis. This is one of the biggest concerns for having a gallstone. When enzyme phospholipase from the epithelial lining of the gallbladder is released, it causes inflammation. This enzyme causes a disruption in the epithelial layer which causes tissue damage from the concentrated bile salts stored in the gallbladder. Gallstones can travel many different places within the gallbladder. The patient has cholelithiasis which in term caused her to experience cholecytitis. Treatment for this is not always needed for cholelithiasis. However, if the provider believes an intervention is necessary then there are two common routes that could be taken. “Surgery to remove the gallbladder, or medications to dissolve the gallstones” are the routes of action according to Mayo Clinic.

Pathophysiology References (2) (APA):

Page 785

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives (2nd edition).* Philadelphia: F.A. Davis.

Mayo Clinic. (2020). *Mayo Clinic: Gallstones.* https://www.mayoclinic.org/diseases-conditions/gallstones/diagnosis-treatment/drc-20354220

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	4.40-5.80x10^6/mcL	3.49	NA	Could be vitamin B6, B12, or folate deficient. Poor nutrition (malnourished). Possible internal bleed.
Hgb	**13.0-16.5g/dL**	9.6		Anemia
Hct	38.0-50%	29.2	NA	Vitamin or mineral deficiency. Insufficient supply of RBC (anemia). Leukemia or lymphoma. Large number of WBC due to infection or illness.
Platelets	140-440x10^3	85 (L)	NA	Immune problems (ITP-most common). Side effects of a medication, bone marrow disease (leukemia)
WBC	4.00-12.00x10^3/mcL	20.20 (H)	NA	Bone marrow or immune problem. Cancers. Inflammation and infection. Immunosuppression. Medication such as steroids
Neutrophils	40.0- 68.0%	63.5	NA	
Lymphocytes	19.0-49.0%	9.3	NA	Infection or Illness
Monocytes	100-700	26.8	NA	Bloodstream infection, chemo/radiation
Eosinophils	0.0- 6.0	0.00	NA	
Bands	0-500	NA	NA	

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-	134-145mEq/L	140	NA	
K+	3.6-5.2	3.3	NA	Medication such as diuretics. Diarrhea/vomiting. Chronic kidney

				disease. Eating disorder. Magnesium levels abnormal
Cl-	98-107mEq/L	106	NA	
CO2	23- 29	23	NA	
Glucose	70-100	104	NA	Pt is diabetic
BUN	7-20	17	NA	
Creatinine	0.6-1.3	1.25 (H)	NA	
Albumin	3.4-5.4	2.9	NA	Inflammationm shock. Malnutrition. Crohns or celiac disease
Calcium	8.7-10mg/dL	8.1	NA	Problem with parathyroid glands. Diet. Kidney disorder or lack of Vitamin D
Mag	1.7-2.2	NA	NA	Radiocontrast. Estrogen
Phosphate	3.4-4.5	NA	NA	Loop diuretic, Biophosphonates
Bilirubin	0.1-1.2	Negative	NA	Calcium supplement
Alk Phos	20-130	104	NA	Anti epileptic drugs

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	Dark yellow/clear	NA	
pH	5.0-9.0	5.0	NA	
Specific Gravity	1.003-1.030	>1.060	NA	Very concentrated urine from not drinking enough fluid, loss of fluid
Glucose	Negative	Negative	NA	Vomiting/diarrhea. Substances such as sugar or protein in urine
Protein	Negative	2+	NA	
Ketones	Negative	Negative	NA	

WBC	Neg, 0-5/hpf	Negative	NA	
RBC	Neg, 0-2/hpf	Negative	NA	
Leukoesterase	0-5 WBC	NA	NA	

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				Protein 2+, urobilinogen-4.0. Specific gravity- ¿1.060, bacteria moderate, casts 1-5/lp
Blood Culture				No growth within 1 day
Sputum Culture				NA
Stool Culture				NA

Lab Correlations Reference (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives (2nd edition).* Philadelphia: F.A. Davis.

MedlinePlus. (2020). *MedlinePlus: U.S National Library of Medicine*. *https://medlineplus.gov/*

Medscape. (2020). *Medscape*. https://reference.medscape.com/

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

(XR) Esophagram- difficulty swallowing

-Small hiatal hernia

-No esophageal reflux

-Tertiary contractions

-Laryngeal penetration

-No mass or lesion

CT Abdomen Pelvis with contrast

-Heart size is normal. No pericardial effusion

-Bibosal dependent atelectasis. Calcified granuloma in the left lung base posteriorly

US Abdomen Limited Level 3

-Liver, gallbladder, common bile duct, pancreas, right kidney

-Multiple small gallstones

-Coarsened and heterogeneous liver suggesting fatty infiltration

-Limited view of pancreas

-Normal right kidney

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

Medications (5 required)

Brand/Generic	**Wellbutrin Bupropion**	**Neurontin Gabapentin**	**Vraylar Cariprazine**	**Flagyl Metronidazole**	**Crestor Rosuvastatin**
Dose	150 mg	300 mg	1 cap	500 mg	10mg
Frequency	Nightly	3 times daily	Nightly	Every 8 hours	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Normal	Normal	Normal	Normal	Normal
Mechanism of Action	Dual inhibition of norepinephrine and dopamine reuptake	Blocks the tonic phase of nociception induced by formalin and carrageen, exerts a potent inhibitory effect in neuropathic pain models of mechanical/thermal allodynic	Acts as a D2 and D3 receptor partial agonist	Inhibits protein synthesis by interacting with DNA and causing a loss of helical DNA structure and strand breakage. Death of all susceptible organisms	Selective and competitive inhibitor of HMG- CoA reductase, rate- limiting enzymes that converts 3-hydroxy-3 methylglutaryl coenzyme A to mevalonate, a precursor of cholesterol
Reason Client Taking	Depresssion/ Bipolar	Neuropathy	Bipolar	Intestinal/ stomach infection	High cholesterol
Contraindications (2)	Pre-existing seizures Anorexia nervosa	Suicidal thoughts, Myasthenia gravis	Dehydration Low levels of WBC	Prolonged QT interval on EKG Alcohol intoxication	Known hypersensitivity to rosuvastatin or any

					components of the products Liver failure
Side Effects/Adverse Reactions (2)	Headache Weight loss	Drowsiness Dizziness	Stroke Tardive dyskinesia	Stomach upset Dizziness	Muscle aches Nausea

Medications Reference (APA):

2020 Nurse's Drug Handbook (9th edition). (2020). Burlington, MA, MA: Jones & Bartlett Learning.

NCBI. (2020). NCBI: *National Center for Biotechnology Information.* https://www.ncbi.nlm.nih.gov/

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** Alert **Orientation:** x4. Aware **Distress:** No apparent distress **Overall appearance:** Good, some hair loss	Her hair was a little messy from laying in bed, but overall had a nice appearance. Hygiene was good.
INTEGUMENTARY: **Skin color:** Proper skin tone for race. Fair, no redness **Character:** Dry, looser, and smooth **Temperature:** Warm to the touch **Turgor:** Bounced back-hydrated. Normal skin turgor **Rashes:** NA **Bruises:** Light bruising around areas where	

IV was **Wounds:** NA **Braden Score:** 13 **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck:** Symmetrical, no lumps on head, no palpable lymph nodes **Ears:** Good condition upon inspection **Eyes:** Patient has brown eyes. Overall, white, clear, no drainage, no irritation, passed PERRLA and ROM, symmetrical **Nose:** No deviated septum, symmetrical upon inspection, patient has a smaller nose **Teeth:** No teeth	.
CARDIOVASCULAR: **Heart sounds:** Clear, no palpitation or irregularity, or murmurs detected **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** NA **Peripheral Pulses:** Strong **Capillary refill:** Less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** NA	No JVD
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Breath sounds were clear, no crackling, wheezing, or difficulty breathing	.
GASTROINTESTINAL: **Diet at home:** Husband makes her fruit smoothies. Otherwise, she enjoys popsicle and ice cream **Current Diet:** Regular diet **Height:** 5'1" **Weight:** 225 lbs **Auscultation Bowel sounds:** Normal **Last BM:** Could not remember **Palpation: Pain, Mass etc.:** No masses, pain on abdomen **Inspection:** Normal **Distention:** Slightly bloated **Incisions:** Small	BMI: 42.51

Scars: No visible **Drains:** None **Wounds:** None **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** Dark yellow, clear **Character:** pH is 5.0 **Quantity of urine:** Normal as far as I could find, did not find in chart **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Normal **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** No pain, not pale, pulse is good, no numbing, no paralysis **ROM:** Full ROM for about 4 minutes then wanted a break **Supportive devices:** Cane at home **Strength:** Good, but needs some help and is slower to react **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** Low activity **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** Effective at communicating **Mental Status:** Fair, deals with some occasional mood changes, and depression **Speech:** Good **Sensory:** Aware	Moves all extremities well

LOC: Fully alert	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Lay in recliner at home **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Methodist **Personal/Family Data (Think about home environment, family structure, and available family support):** Support from husband and two daughters	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8 am	98	128/71	20 BMM	98.1	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8 am	5	Abdomen area	Manageable	Sore	Rest, Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL breakfast drinks	200 mL urine

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 nutrition: less than body requirements because of potential nutrition problems involving gallstone and also within her diet which in term showed in her labs as malnutrition	Establish a nutritional plan based on her needs (paying attention to her type 2 diabetes). Pt expressed to me that her meals were popsicles, ice cream, and fruit smoothies indicating a need of education and changes within her diet	1. Consult with dietician or nutritionist 2. Make sure diet is working and will work for patient (something they can stick with)	Goal Met: Vital signs and labs show vast improvement to the diet changes. Pt is being checked to ensure her glucose levels are stable and at a good level. Goal Met: Patient says "I have enjoyed the change in my diet as for it has helped my glucose levels, pain levels, mental state, and fatigue levels.
2. Sedentary lifestyle: Patient indicated no movement towards becoming slightly more active or trying to move around more frequently which may cause some of her problems and go hand and hand with nutrition	Establish a routine of some sort of activity, even if it is limited. The pt deals with mental health disorders and also struggles with weight involving her diabetes. Having small walks or ROM could help all the aspects mentioned above.	1. Consult with a healthcare physical therapist or someone who could help establish a course of action 2.Encourage support from family members to help pt stay accountable and motivated to improve her health	Goal Met: Mental health and vitals/labs show improvement from small movements and light walks. Goal Met: "Patient mentions that she notices a difference with glucose levels, energy levels, and relationships with family members

Other References (APA):

Swearingen, P.L., & Wright, J.D. (2019*). All-in-one nursing care planning resource:* Medical-Surgical, Pediatric, Maternity, and Psychiatric- Philadelphia, Missouri: Elsevier Health Sciences.

Concept Map (20 Points):

Subjective Data

The patient said "I eat fruit smoothies at home and had three popsicles and an apple juice for lunch" Her meals were very inconsistent and had little to no nutritional value

Nursing Diagnosis/Outcomes

Nursing diagnosis:
[illegible] for imbalanced Nutrition: Less than body requirements
-Sedentary Lifestyle

Short term goal:
Patient will meet with a nutritionist or dietitian to develop a proper diet that will work for her.
Patient will explore options and appropriate activities to do in order to have more movement and less of a sedentary lifestyle
Long term goal:
Patient made a health plan which was now working for her and is able to notice minor differences in many areas of her life
Patient made differences within activity level and has been able to stick with it due to the support from spouse and daughters

Objective Data

I observed how she was very overweight and was also dealing with some health concerns involved in her chart

Patient Information

Patient is a 67-year old female who came into the emergency room with a complaint of not feeling well. Pt not feeling well correlated with her current illness of cholelithiasis with acute cholecystitis

Nursing Interventions

-Increase physical movement
-Strive for better nutrition and proper diet
-Keep a close attention to glucose levels
-Drink plenty of water 2-3L per day