N311 Care Plan #2

Lakeview College of Nursing

Mia Falbo

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
10/17/2020	DH	82	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Divorced	ACE inhibitors, BuSpar, Levaquin
Code Status	**Height**	**Weight**	
Full code	162 cm	42.1 kg	

Medical History (5 Points)

Past Medical History: SOB, hypertension, COPD, depression, hyperglycemia, anemia, anxiety

Past Surgical History: Colonoscopy (6/8/12), colon resection (5/14/19), laparotomy (8/4/17), thoracoscopic wedge (11/4)

Family History: Mother: emphysema, Father: died from suicide, Sister: stomach cancer, emphysema, death at age 40, Brother: esophageal cancer

Social History (tobacco/alcohol/drugs): Pt reports smoking tobacco, about 1/2 a pack of cigarettes a day. Pt reports no use of alcohol or any drugs.

Admission Assessment

Chief Complaint (2 points): weakness, abdominal pain

History of present Illness (10 points): Onset: On October 17, 2020, an 82-year-old female, Caucasian, divorced was admitted to Sarah Bush hospital for abdominal pain. Location: lower abdomen. Duration: Pt states the pain has been on and off over the past week but was serve when being admitted. Pt stated, "I had a lot of pain in my stomach, not as much anymore". Characteristics: Pt is not experiencing any pain at the moment. Pt stated, "I don't feel any pain". Aggravating: any movements would trigger pain in the abdomen or

while sitting down. Relieving Factors: Pt stated, "I just waited for the pain out, not much would help". Treatment: Advil

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Appendicitis

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): Appendicitis is an inflammation of the vermiform appendix, which is a blind-ended, pouchlike area, that protrudes from the cecum, where the small intestine meets the large intestine (Capriotti, 2015). This vestigial organ was once believed to contain important bacterial flora that aided the digest of cellulose. Appendicitis is one of the most common causes of an acute abdomen (Capriotti,2015). It is hypothesized that it is caused by a nearby blockage, which is commonly caused by stool or fecality feces. This often occurs when neighborhoods mesenteric lymph nodes become inflamed in response to a viral or bacterial infection and compress the appendix (Capriotti,2015). Inflammation of the abdomen can also come from the inflammatory response of the appendix. Two major events could initiate this disease. The first is the narrowing of the appendix lumen because of an obstruction that can result from ischemia and a compromised blood supply to the region. The second event is the development of a medium for bacterial growth as normal mucus secretions remain trapped behind the lumen because of narrowing. These trapped secretions add to the increasing intraluminal pressure and distention (Capriotti,2015). These two events result in a protective mucosa layer of the appendix, causing inflammation due to compromised luminal bacteria multiplying and attacking the wall of the appendix. The patient will

complain of pain in the abdomen and increase to the right lower quadrant over time. The pain increases with jarring movements, taking breaths, or coughing. It has been reported patients will experience nausea, vomiting, anorexia, fever, and chills (Capriotti,2015).

Some causes of appendicitis include blockage of the opening inside the appendix, enlarged tissue in the wall of your appendix, which is caused by an infection in the GI tract, inflammatory bowel disease, stool, parasites, or growth that can clog your appendiceal, lumen and trauma to your abdomen (Symptoms & Causes of Appendicitis, 2014).

Common signs and symptoms of appendicitis included: abdominal pain that originates in the umbilical region radiating to the right lower quadrant, this is also known as McBurney's point. When the pain becomes more serve and localized it is due to inflammation. Rebound tenderness in the right lower quadrant is distinctly shown on a physical examination (Capriotti,2015). Positive psoas sign, Rovsing's sign, and obturator sign are big indicators of appendicitis. Those signs can be found through a physical examination (Capriotti,2015). Other symptoms can include loss of appetite, nausea, vomiting, constipation or diarrhea, an inability to pass gas, fever, swelling in the abdomen, and the feeling of having a bowel movement (Symptoms & Causes of Appendicitis, 2014).

The diagnostic testing for appendicitis includes a combination of physical examination findings, abdominal x-ray, CT scan, ultrasound, elevated C-reactive protein, and elevated white blood count (Capriotti,2015). The ultrasound will not show what a normal appendix looks like. It will only show one that is inflamed and edematous. The x-ray of the abdomen is not as informative unless there is a calcium stone present. Uranalysis is necessary to rule out pyelonephritis or a kidney stone (Capriotti,2015).

Treatment for appendicitis will vary depending on the stage of the disease. In early treatment, it will be treated with antibiotics that are effective against gram-negative that bacteria should be initiated preoperatively and administered up to at least 48 hours before. Pain medications and laxatives should be avoided before diagnosis appendicitis. They can mask diagnostic signs (Capriotti,2015). Some mild cases may be cured with antibiotics alone. It is typically treated with surgery, which is the removal of the appendix. Laparoscopic surgery, which is a smaller incision and special surgical tool they feed to the appendix to remove it. It is a shorter recovery time and has fewer complications (Symptoms & Causes of Appendicitis, 2014). Laparotomy, after this surgery more patients completely recover from appendicitis and don't need to change their lifestyle (Symptoms & Causes of Appendicitis, 2014).

Pathophysiology References (2) (APA):

Capriotti, Theresa M., and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015). *Faculty Bookshelf*. 75.

Symptoms & Causes of Appendicitis. (2014, November 01). Retrieved October 22, 2020, from https://www.niddk.nih.gov/health-information/digestive-diseases/appendicitis/symptoms-causes

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	3.80-5.41	4.12	3.80	
Hgb	11.3-15.2	10.5	9.8	Hgb is decreased due to a deficient number of RBC's
Hct	33.2-45.3	32.6	30.2	Hct is lowered due to a low number of RBC
Platelets	149-393	246	204	
WBC	4.0-11.7	6.5	6.7	
Neutrophils	45.3-79.0	75.7	65.8	
Lymphocytes	11.8-45.9	13.3	17.9	
Monocytes	4.4-12.0	10.3	13.3	Due to the presences of chronic infection
Eosinophils	0.0-6.3	0.2	2.0	
Bands	0.2-1.6	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-	136-145	127	132	

K+	**3.5-5.1**	**4.5**	**4.4**	
Cl-	**98-107**	**93**	**97**	**Due to low electrolyte intake**
CO2	**21-31**	**29**	**30**	
Glucose	**74-109**	**113**	**80**	**High blood sugar, medications, can cause high glucose**
BUN	**7-25**	**14**	**19**	
Creatinine	**.84-1.21**	**0.62**	**0.58**	
Albumin	**3.5-5.2**	**3.7**	**N/A**	
Calcium	**8.6-10.3**	**8.5**	**8.1**	**Due to RBC being low and certain drugs**
Mag	**N/A**	**N/A**	**N/A**	
Phosphate	**N/A**	**N/A**	**N/A**	
Bilirubin	**0.3-1.0**	**0.4**	**N/A**	
Alk Phos	**35-105**	**51**	**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/cloudy**	**N/A**	**Cloudy color could indicate a UTI**
pH	**5-8**	**7.5**	**N/A**	
Specific Gravity	**1.005-1.030**	**1.015**	**N/A**	
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**Negative**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	

WBC	**0-5**	**3**	**N/A**	
RBC	**0-6**	**8**	**N/A**	
Leukoesterase	**Negative**	**Negative**	**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**	**N/A**	**N/A**	**No culture completed*** **
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Chest X-ray (10/17)- heart size normal, lungs clear- no visual PE or pneumothorax, osseous structures intact

CT abdomen & pelvis w/ contrast (10/18)- lungs: ground glass change presented in right lower love, mild pneumonitis; Bones: no acute bony pathology; vascular: heart size within normal limits; soft tissue- liver, gallbladder, spleen, pancreas, adrenal gland, kidneys: grossly unmarked

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

Medications (5 required)

Brand/Generic	**Amiodarone /Cordarone**	**Protonix/ pantoprazole**	**Sertraline/ zoloft**	**Rivaroxaban/ xarelto**	**Citalopram/ digoxin**
Dose	**200 mg**	**40 mg**	**25 mg**	**20 mg**	**125 mg**
Frequency	**1x daily**	**1x daily**	**1x daily**	**2x daily**	**1x every other day**
Route	**oral**	**oral**	**PO**	**oral**	**PO**
Classification	**Benzofuran derivative, class III antiarrhythmic**	**Proton pump inhibitor**	**Selective serotonin, antidepressant**	**Factor Xa inhibitor, anticoagulant**	**Selective serotonin reuptake inhibitor (SSRI)**
Mechanism of Action	**Acts on cardiac cell membranes, prolonging repolarization, and the refractory period and raising ventricular fibrillation threshold.**	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump uses energy from the hydrolysis of ATPase. Inhibits the final step in gastric acid production by blocking the exchange of H+ and extracellular K+.**	**Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses.**	**Selectively blocks the active site of factor Xa, which plays a central role in the cascade of blood coagulation.**	**Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by a nerve impulse.**

Reason Client Taking	**To treat or prevent life-threatening, recurrent ventricular fibrillation**	**Reduce tightness in the chest**	**To treat anxiety disorder**	**To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation**	**To treat depression**
Contraindications (2)	**Bradycardia that causes syncope (unless pacemaker present), cardiogenic shock**	**Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole**	**Concomitant therapy with pimozide, hypersensitivity to escitalopram**	**Active pathological bleeding, hypersensitivity to rivaroxaban or its components**	**Hypersensitivity to citalopram, pimozide therapy**
Side Effects/Adverse Reactions (2)	**Abnormal gait, confusion**	**Anxiety, abdominal pain**	**Dizziness, constipation**	**Anxiety, GI bleeding**	**MI, anemia**

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. (2020). *2020 Nurse's Drug Handbook.* (Nineteenth ed.). Burlington, MA: Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and oriented to time, place, and person X4** **No distress** **Well-groomed and appropriately dress**

INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink** **Dry/normal** **Warm** **Normal turgor 3+** **Rashes present- on gluteus maximus: redness around the crack** **Bruise on top of the right hand, one bruise on left forearm** **Coccyx medial- erythema** **Braden score: 17**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck symmetrical, normal display of head, neck, and lymph nodes.** **Ears are pink and free of discharge** **Eyes clear, no sign of drainage Sclera- normal** **Pupil size- normal** **Nose is symmetrical**
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:**	.**Heart sounds for S1 and S2 are normal, no murmurs, no gallops, no bruits, or rubs detected in S3 and S4. Peripheral pulse 2+ symmetrical. Capillary refill normal for ethnicity/ less than or equal to 3 seconds. No neck vein distention, no edema.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular and unlabored.** **Anterior and posterior: normal sounds. Lung alteration is equal, able to secrete, hacking up mucus. All lobes are equal and clear.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation bowel sounds:** **Last BM:** **Palpation: Pain, Mass, etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:**	**Normal diet at home** **Fluid restriction of 1200 mL at the hospital** **162 cm** **42.1 kg** **Bowel sounds are active** **Last BM was October 19th** **Palpations of abdomen shown to be soft, non-tender, abdomen described as rounded** **No abnormalities found: distention, incisions, scars, drains, wounds.**

Drains: **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Pt is incontinent, pt urinated before I went on the floor- did not void while I was on the floor**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment X☐** **Needs support to stand and walk☐**	**Normal ROM** **Pt uses a cane, walker, and gate belt** **Pt shows strength in the upper and lower extremities. Pt was able to move from chair to bed without my therapeutic touch.**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☐ N☒** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Cognitive of space, time, and location (oriented to own ability)** **Normal/ clear** **Alert** **No neurological deficiencies**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**Copping independently has a dog at home** **Mature** **No religious preferences** **Pt has a dog to help keep her company**

environment, family structure, and available family support):	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Reply Rate	Temp	Oxygen
8:15 am	**51**	**125/71**	**18**	**36.2**	**95**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:20 am	**1**	**Abdomen**	**1**	**Dull pain**	**The use of medications to decrease the pain.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Food: French toast with syrup- Pt consumed 75% **100mL of orange juice**	**Pt voided before I entered the floor, but not during my clinical time- Pt is incontinent so the measure of IO is not present.** **BM: 0x- Pt has not had a BM since October 19th**

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, the status of goals and outcomes, modifications to plan.
1. Strength increase, eliminate fall risk- eliminate gait belt	**Related to pt old age (lack of exercise: cause more issues)- chosen due to pt living independently Evidence by: "I want to be able to get around myself"**	**1.administer pain medication around the clock** **2.Use gait belt but let pt get up on her own, with myself making sure if she needs support I will near incision case fall**	**Pt goal was met. Pt was able to lift herself from the chair back onto the bed without any support. Pt pain scale went from 1/10- 0/10.**
2. Re-position	**Related to the redness on the pts gluteus maximus from not allowing nurses to reposition her: chosen due to redness on pt, which could cause further problems, as evidence by: "I don't want to be moved"**	**1. log roll every 2 hours to decrease the risk of an open wound on pts behind, and increase blood circulation** **2.administer pain medication around the clock**	**Goal was partially met. Pt did not want to reposition onto her side but moved from the bed to the chair. Pt was not in any pain. Pt pain scale went from 1/10- 0/10.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pt states, "I have pain in my lower stomach"
Pt's chief complaint is weakness, and abdominal pain.

Nursing Diagnosis/Outcomes

Strength increase, eliminate fall risk-eliminate gait belt: Related to pt old age (lack of exercise: cause more issues)- chosen due to pt living independent. Evidence by: "I want to be able to get around myself". Administer pain medication around the clock.. Use gait belt but let pt get up on her own, with myself making sure if she needs support I will be near incase of fall. Pt goal was met. Pt was able to lift herself from the chair back onto the bed without any support. Pt pain scale went from 1/10- 0/10.

Re-position: Related to the redness on the pts gluteus maximus from not allowing nurses to reposition her: chosen due to redness on pt, which could cause further problems, as evidence by: "I don't want to be moved". 1. log roll every 2 hours to decrease risk of open wound on pts behind, and increase blood circulation, 2.administer pain medication around the clock. Goal was partially met. Pt did not want to reposition onto her side but moved from the bed to the chair. Pt was not in any pain. Pt pain scale went from 1/10- 0/10.

Objective Data

Pt was diagnosed with acute abdominal pain.
Vitals:
BP: 125/71
RR:18
Temp:36.2
SpO2%:95
Pulse: 51

Patient Information

82 year old female was admitted to Sarah Bush hospital for abdominal pain.

Nursing Interventions

Administer pain medication around the clock.
Use gait belt but let pt get up on her own, with myself making sure if she needs support I will be near.
Log roll every 2hrs to decrease risk of open wound on pts behind, and increase blood circulation.
Administer pain medication around the clock.