

N311 Care Plan #2

Lakeview College of Nursing

Shana. M. Stanley

Demographics (5 points)

Date of Admission 10/20/2020	Patient Initials LJB	Age 63	Gender F
Race/Ethnicity White/ non- Hispanic	Occupation Retired	Marital Status Single	Allergies No Known Allergies
Code Status Full	Height 5'4"	Weight 136lb	

Medical History (5 Points)**Past Medical History:**

Acid reflux, Anxiety/depression, Coronary artery disease, h/o nasal sinusotomy, ulcer disease, Hypocholesteremia, Hypertension, Liver cirrhosis (stage4), Myocardial infarction, Thyroid Disease (Hypo)

Past Surgical History: Cardiac Cauterization, Carpal tunnel release, RT foot surgery

Family History: Heart Diseases (father)

Social History (tobacco/alcohol/drugs): Pt smokes ½ pack of cigarettes a day for 40yrs, is former alcoholic, and smokes marijuana on occasion.

Admission Assessment**Chief Complaint (2 points):**

Right Foot Pain.

History of present Illness (10 points): Patient came into the ER three days ago alone with constant right foot pain and cramping in right calf. Location: Right calf and foot. Duration: Pain constant over the last week. Pain comes down to an 8/10 from 10/10 with meds.

Characteristics: constant dull pain, sharp with movement, patient clams to have issues baring weight for long periods of time. Associated Manifestations: Right knee pain with excessive

movement. Relieving Factors: Pain medication. Patient stated that she only came in because it was becoming difficult for her to walk.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):

Popliteal artery occlusion (DVT).

Secondary Diagnosis (if applicable): None

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

Patient came in with a complaint of right foot pain and calf cramping. It has been determined that she is experiencing a Popliteal artery occlusion (DVT). According to Capriotti and Frizzell (2016), a DVT occurs when a thrombus develops in a deep vein in the lower extremity. The predisposing factors for a DVT are venous stasis, vascular damage, and hypercoagulability (Capriotti and Frizzell (2016). Symptoms of DVT in the leg are: throbbing or cramping pain in 1 leg (rarely both legs), usually in the calf or thigh, swelling in 1 leg (rarely both legs), warm skin around the painful area, red or darkened skin around the painful area, swollen veins that are hard or sore when you touch them (nhs,2020). Treatments for DVT's include venous compression devices, compression stockings, and drugs that interfere with clotting factors (Capriotti and Frizzell (2016).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

(n.d.). Retrieved October 27, 2020, from <https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

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	4.0-4.9 $10^6/uL$	NA	4.35	
Hgb	12.0-16.0 g/dL	NA	12.9	
Hct	37.0-48.0%	NA	38.4	
Platelets	150-400 $10^3/uL$	NA	166	
WBC	4.1-10.9 $10^3/uL$	NA	10.5	
Neutrophils	1.50-7.70 $10^3/uL$	NA	6.50	
Lymphocytes	1.00-4.90 $10^3/uL$	NA	3.90	
Monocytes	0.00-0.80 $10^3/uL$	NA	1.00	Monocytes are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).

Eosinophils	0.00-0.50 10 ³ /uL	NA	0.10	
Bands	NA	NA	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-	136-145 mmol/L	NA	139	
K+	3.5-5.1 mmol/L	NA	4.1	
Cl-	98-107 mmol/L	NA	106	
CO2	21.0-32.0 mmol/L	NA	23	
Glucose	60-99 mg/dL	NA	99	
BUN	5-20 mg/dL	NA	16	
Creatinine	0.5-1.5 mg/dL	NA	0.98	
Albumin	3.4-5.4 g/dL	NA	NA	
Calcium	8.5-10.1 mg/dL	NA	9.1	
Mag	1.6-2.6 mg/dL	NA	1.8	
Phosphate	3.4-4.5	NA	NA	
Bilirubin	-	NA	NEG	
Alk Phos	44-147 U/L	NA	37	

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	Light yellow	NA	NA	
pH	5.0-7.0	NA	NA	
Specific Gravity	1.003-1.030	NA	NA	
Glucose	Negative	NA	NA	
Protein	Negative	NA	NA	
Ketones	Negative	NA	NA	
WBC	0-25/uL	NA	NA	
RBC	0-20/uL	NA	NA	
Leukoesterase	Negative	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	NA	NA	NA	NA
Blood Culture	NA	NA	NA	NA
Sputum Culture	NA	NA	NA	NA
Stool Culture	NA	NA	NA	NA

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

EKG 12 Lead- Normal Sinus Rhythm

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

Medications (5 required)

Brand/Generic	Aspirin	Baclofen (Lioresal)	Bupropion (Wellbutrin)	Buspirone (Buspar)	Citalopram (Celexa)
Dose	81mg	10mg	150mg	5mg	10mg
Frequency	Daily	X3 daily	Once daily	X3 daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	NSAID	Skeletal muscle relaxants.	Antidepressant	Azaspirone	Selective serotonin
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis.	Is an agonist at the beta subunit of gamma-aminobutyric acid on mono and polysynaptic neurons at the spinal cord level and brain	May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression.	May act as a partial agonist at serotonin 5-hydroxytryptamine receptors in the brain, producing antianxiety effects	Blocks serotonin reuptake by adrenergic nerves.
Reason Client Taking	Heart health, blood thinning.	Muscle spasms.	Depression	Anxiety	Depression
Contraindications (2)	Active bleeding Coagulation disorders.	Baclofen is contraindicated in patients with baclofen hypersensitivity and seizure disorders.	Hypersensitivity to bupropion or its components, seizure disorders.	Hypersensitivity to bupropion or its components, severe hepatic or renal impairment	Hypersensitivity to citalopram or its components pimozone therapy, use within 14 days of MAO

					inhibitor therapy
Side Effects/Adverse Reactions (2)	Diarrhea Reye’s syndrome	Thrombosis Seizures	Abnormal coordination, anxiety	Depression tachycardia	Anxiety Orthostatic hypotension

Medications Reference (APA):

Jones & Bartless Learning. (2020). 2020 Nurse’s drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Pt appears alert and oriented x3 person, place, and day of week, groomed, and in pain.</p>
<p>INTEGUMENTARY: Skin color: pink Character: dry Temperature: warm Turgor: normal Rashes: NA Bruises: yes, arms Wounds: NA Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:NA</p>	<p>Pt skin is warm, pink, and dry, with bruising on arms bilaterally. Turgor normal, Pt has a Braden score of 18. Pt also has a left grown incision from stent placement 10/21/20.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<ul style="list-style-type: none"> • Head and neck symmetrical, trachea midline no deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses palpable. • Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink, slight drainage in left eye. • Nose septum midline turbinate’s moist and pink. • Mouth pharynx moist and pink, dentation good, and mucosa is pink and moist with lesion on upper right side.

<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 checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>. Clear S1 and S2 heard without gallops or rubs. Pt in normal sinus rhythm, Peripheral pulses palpable. Capillary refill less then 3sec. Edema noted in right lower legs.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>. Respirations are regular and even without laboring. Lungs sound clear throughout bilaterally.</p>
<p>GASTROINTESTINAL: Diet at home: normal Current Diet: normal Height: 5'4" Weight: 136lb Auscultation Bowel sounds: normal Last BM: 4 days ago Palpation: Pain, Mass etc.: Inspection: Distention: No Incisions: NA Scars: NA Drains: NA Wounds: NA Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: NA Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: NA</p>	<p>.Diet at home is normal, current diet is normal, Abdomen is soft, tender in LLQ and LRQ, and bowel are sounds normal. Abdomen shows distention.</p>
<p>GENITOURINARY: Color: yellow Character: clear Quantity of urine: 50ml Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: : RED/PINK Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: NA Size: NA</p>	<p>Urine is yellow with clear character, output 50ml. Pain is noted upon urination.</p>

<p>MUSCULOSKELETAL: Neurovascular status: Able ROM: able with weakness Supportive devices: no Strength: General weakness ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 6 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	<p>.Pt can perform ROM and ADL's with assistance. Fall score is a 12 moderate fall risk. Pt has swelling in right foot and has right calf tenderness.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Normal Mental Status: ANO X3 Speech: Understandable Sensory: Normal LOC: Alert</p>	<p>.Pt has positive MAEW and PERLA, strength was equal with some generalized weakness. Orientation normal with mental status ANO X3, speech understandable, sensory normal, and LOC alert.</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 has a life partner that she shares a home with. She also uses deep breathing, mediation, and marijuana to cope with life and pain.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0752	82	134/76	18	98.3	97
	Rt arm	Rt arm		Oral	Room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1020	8/10	Right leg	Sever pain	Constant dull/ sharp with movement	PT/MEDS
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Intake and Output (2 points)

Intake (in mL) 250mL IV/ 100 mL oral	Output (in mL) 50mL urine
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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.
<p>1. Impaired walking related to DVT in right leg. As evidenced by right leg pain and cramping.</p>	<p>Pt is currently experiencing pain in lower right leg and swelling in right foot, this only allows her to ambulate for a short time.</p>	<p>1. Promote ambulation 2. Promoter fluid intake.</p>	<p>PT agreed that ambulation in small amounts should be happening. PT agrees that she could be drinking more liquids. Goal still in progress.</p>
<p>2. Risk for falls related to DVT and stent placement in right leg. As evidenced by inability to bare weight on right foot and muscle cramping.</p>	<p>Pt is unable to bare weight on right foot and in therapy often cries from muscle cramping. Twitching and cramping can be felt upon palpation of right calf.</p>	<p>1. Promote ambulation 2. Promote use of compression socks</p>	<p>PT agreed that ambulation in small amounts should be happening. PT is also willing to wear compression socks with help of application. Goals still in progress.</p>

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

PT states pain is 8/10 and that ambulation is difficult.

Nursing Diagnosis/Outcomes

Impaired walking related to DVT in right leg. As evidenced by right leg pain and cramping.

Risk for falls related to DVT and stent placement in right leg. As evidenced by inability to bare weight on right foot and muscle cramping.

Objective Data

Pt grimaces upon palpation of right calf. Tightness and trembling of right calf can be felt upon palpation.

Patient Information

Pt is 63yr old woman that is a full code. She is 5'4" and 136lb

Nursing Interventions

- 1. Promote ambulation**
- 2. Promote fluid intake.**
- 3. Promote use of compression socks**



