N311 Care Plan #2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/14/2020	**Patient Initials** BJM	**Age** 80 years old	**Gender** Female
Race/Ethnicity White/Caucasian	**Occupation** Car Sales	**Marital Status** Married	**Allergies** **Molds & Smuts**- High severity, causes shortness of breath **Levofloxacin**- Medium severity, causes nausea **Nitrofurantoin**- Medium severity, causes nausea *She has six total allergies
Code Status Full Code (No ACP docs)	**Height** 5'3" (160 cm)	**Weight** 140 lb (63.5kg)	

Medical History (5 Points)

Past Medical History: Allergic rhinitis due to allergen mold (7/13/2017), atrial fibrillation new onset (HCC), hypertension, skin cancer, temporal arteries (HCC) (6/18/2020).

Past Surgical History: Cholecystectomy (laparoscopic), artery biopsy- left lateral (left temporal artery biopsy on 6/1/2020), back surgery C4/5, bladder suspension, cataract removal, hysterectomy, skin cancer excision.

Family History: Heart disease in mother, stroke in father. Both are deceased.

Social History (tobacco/alcohol/drugs): Never smoked, never used smokeless tobacco, no alcohol use, no drug use.

Admission Assessment

Chief Complaint (2 points): Left lower quadrant pain

History of present Illness (10 points): Patient experienced severe lower abdomen pain. She said she was no longer able to manage or relieve it prior to coming into the hospital. Acute

diverticulitis is when part of the large intestine (usually the sigmoid) has diverticula that have become inflamed. Diverticulitis is a result of first being diagnosed with diverticulosis. They were able to help subside her pain and allow for her body to recuperate. She is feeling much better now even though she still has diverticulitis.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Acute diverticulitis of large intestine with perforation and abscess.

Secondary Diagnosis (if applicable): Temporal arteritis.

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

This patient has been diagnosed with acute diverticulitis. Diverticulitis is when diverticula become inflamed (itis). Diverticulitis is known as a complication of the disease diverticulosis. Diverticula is found in the sigmoid and descending colon which is considered the large intestine area. Essentially what happens is a person develops diverticulosis when multiple weakened areas in the intestine form small outpouchings which are then called diverticula. Diverticulosis only becomes diverticulitis when the diverticula become inflamed. The problem occurs when the diverticula collects intestinal contents which then forms a colonic obstruction. According to the Davis Advantage Pathophysiology Textbook “Approximately 15% to 20% of those with diverticulosis develop diverticulitis, and 15% to 20% of those with diverticulitis develop complications leading to surgery; these complications include abscess formation, intestinal rupture, peritonitis, and fistula formation”. Surgery is recommended because it has a reoccurrence rate of 20-35% if a surgery to correct it is not done. This particular disease does not favor a specific gender, and it usually occurs around the age of 60. My patients came into the emergency room complaining of lower left quadrant abdomen pain which is the most common

symptom and area of pain. The body is treating is like an infection so nausea, fatigue, fever, diarrhea, constipation, and lack of appetite are common. “Since bacteria are responsible for the inflammation, antibiotics are the cornerstone of diverticulitis treatment” as stated by Harvard Medical School. My patient most likely developed this because the percentage rate for someone of her age contracting this disease is approximately 65%. Another important factor which is the main risk factor of this disease, is eating a low fiber diet. My assumption is my patient is at the prime age to develop this disease, and also did not obtain the proper amount of fiber in her daily diet.

Pathophysiology References (2) (APA):

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

Harvard Health Publishing: Harvard Medical School (2020). *Diverticular disease of the colon.* *https://www.health.harvard.edu/diseases-and-conditions/diverticular-disease-of-the-colon#:~:text=Diverticulosis%20is%20uncommon%20before%20age,conditions%20in%20the%20United%20States*.

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	3.41	NA	Could be vitamin B6, B12, or folate deficient. Poor nutrition (malnourished). Possible internal bleed.
Hgb	13.0-16.5g/dL	11.6	NA	Anemia
Hct	38.0-50%	34.0	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	397	NA	
WBC	4.00-12.00x10^3/mcL	14.30	NA	Bone marrow or immune problem. Cancers. Inflammation and infection. Immunosuppression. Medication such as steroids
Neutrophils	40.0- 68.0%	72.0	NA	Can point to infection or injury, but her number is not that far off from normal range so it is most likely okay
Lymphocytes	19.0-49.0%	20.0	NA	
Monocytes	100-700	6.5	NA	Bloodstream infection, chemo/radiation
Eosinophils	0.0- 6.0	0.10	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	137 mmol/L	NA	
K+	3.6-5.2	3.8 mmol/L	NA	

Cl-	98-107mEq/L	104 mmol/L	NA	
CO2	23- 29	26 mmol/L	NA	
Glucose	70-100	110 mg/dL	NA	Just eaten breakfast
BUN	7-20	15 mg/dL	NA	
Creatinine	0.6-1.3	0.61 mg/dL	NA	
Albumin	3.4-5.4	2.9 g/dL	NA	Inflammation shock. Malnutrition. Crohns or celiac disease
Calcium	8.7-10mg/dL	9.4	NA	
Mag	1.7-2.2	1.6	NA	Radiocontrast. Estrogen
Phosphate	3.4-4.5	NA	NA	
Bilirubin	0.1-1.2	0.3	NA	
Alk Phos	20-130	113 U/L	NA	

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	Yellow/clear	NA	
pH	5.0-9.0	7	NA	
Specific Gravity	1.003-1.030	1.031	NA	Very concentrated urine from not drinking enough fluid, loss of fluid. However, pt is only just barely over the normal range
Glucose	Negative	Negative	NA	
Protein	Negative	Negative	NA	
Ketones	Negative	+1	NA	Went some time without eating so she probably burned some fat which causes the production of

				ketones. This happens when cells don't get enough glucose
WBC	Neg, 0-5/hpf	0-5	NA	
RBC	Neg, 0-2/hpf	0-2	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		NA		
Blood Culture		NA		
Sputum Culture		NA		
Stool Culture		NA		

Lab Results: I wanted to add that the pt did have lab results done that showed her Troponini level is <0.015

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): Esophagogastroduodenoscopy on 10/17/2020. Showing active bleeding from a punctate and diffuse gastritis. She needs maximal PPl therapy, and probably a temporary cessation of anticoagulant. She also shows signs of chronic reflux, and has a small hiatal hernia, and a ring of scar at the z-line. Distal esophagus is inflamed and was biopsied.

CT abdomen on 10/18/2020. Findings consistent with sigmoid diverticulitis with localized perforation. Marginal abscess in the left side of the pelvis is smaller. The amount of free air is less as compared to previous exam. A new small fluid collection is seen near the anorectal junction as described. A new small right pleural effusion is seen. Over distended urinary bladder is seen. The gallbladder and the uterus are symmetrically absent.

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

Medications (5 required)

Brand/ Generic	Carvedilol/ Coreg	LevoFloxacin/ Levaquin	Losartan/ Cozaar	Prednisone/ Deitasone	Pantoprazole/ Protonix
Dose	25 mg	750 mg	50 mg	5 mg	40 mg
Frequency	2 times daily with meals	Once	Daily	Every morning	2 times daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Normal	Normal	Normal	Normal	Normal
Mechanism of Action	Inhibits exercise induce	Inhibition of bacterial topoisomerase I	A nonpeptide angiotensi	Decreases inflammation via	Inhibit the final steop in gastric acid

	tachycardia through its inhibition of beta adrenoceptors, the action on alpha-1 adrenergic receptors relaxes smooth muscle in vasculature, leading to reduced peripheral vascular resistance and an overall reduction in blood pressure	and DNA gyrase, enzymes required for DNA replication, transcription, repair and recombination	n II receptor antagonist with high affinity and selectivity for the AT1 receptor, it blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II by inhibiting the binding of angiotensin II to the AT 1 receptor	suppression of the migration of polymorphonuclear leukocytes and reversing increased capillary permeability. It also suppresses the immune system by reducing the activity and the volume of the immune system	production. In the gastric parietal cell of the stomach it covalently binds to the H+/K+ ATP pump to inhibit gastric acid and basal acid secretion
Reason Client Taking	Hypertension	Antibiotic for infection	Hypertension	Inflammation from diverticulitis	GERD
Contraindications (2)	Severe hypotension, Bradycardia	Pseudotumor cerebri Peripheral neuropathy	High levels of potassium in the blood Low blood pressure	Herpes simplex infection Fungal infection	In patients known hypersensitivity to any component of the formulation, acute interstitial nephritis
Side Effects/ Adverse Reactions (2)	Dizziness Fatigue	Nausea Headache	Diarrhea Dizziness	Weight gain Headache	Headache Diarrhea

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:** Oriented x4 **Distress:** No acute distress **Overall appearance:** Clean, bathed, brushed teeth, combed hair	
INTEGUMENTARY: **Skin color:** Pink, with a little color naturally. Proper skin tone for race **Character:** Dry **Temperature:** Warm **Turgor:** Normal skin turgor, hydrated **Rashes:** None **Bruises:** Lots of bruising (purple/red coloring) **Wounds:** None . **Braden Score:** 12	Bruises on arms mostly with a couple on both legs. Thin, delicate skin. She seems to bruise very easily from IV's etc. Pt has lots of scars from skin cancers being removed (33 on legs/arms)

Drains present: Y☐ N ☒ **Type:**	
HEENT: **Head/Neck:** Symmetrical, no lumps on head, no palpable lymph nodes **Ears: :** Good condition upon inspection**,** no obvious drainage or irritation **Eyes:** Blue eyes. Overall, white, clear, no drainage, no irritation, passed PERRLA and ROM, symmetrical **Nose:** No deviated septum, symmetrical upon inspection, patient has a smaller, petite nose **Teeth:** Teeth are in good condition, just brushed them during morning care	Pt has glaucoma and has an appointment with ophthalmologist
CARDIOVASCULAR: **Heart sounds:** Clear, no palpitation or irregularity, or murmurs detected **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** NA **Peripheral Pulses:** Easy to find, strong **Capillary refill:** Good, less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Breath sounds were clear, no crackling, wheezing, or difficulty breathing	.
GASTROINTESTINAL: **Diet at home:** Doesn't like meat all that well except loves mac n cheese with chicken. Does a lot of cooking at home and seems to have a fairly balanced diet. Goes to the grocery store every Tuesday **Current Diet:** Regular diet **Height:** 5'3" **Weight:** 140 lbs **Auscultation Bowel sounds:** Normal **Last BM:** Had a bowel movement 10/22 at 11 am **Palpation: Pain, Mass etc.:** No masses or	In the abdomen there was moderate tenderness to palpation in the left quadrant, with some voluntary guarding when she was admitted. Now she has no pain and abdomen experienced no pain when I palpated

pain on abdomen **Inspection:** Normal **Distention:** Normal **Incisions:** None present **Scars:** 33 scars on legs/arms from skin cancer **Drains:** None **Wounds:** Just bruising **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** Yellow/clear **Character:** pH is 7 **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** Foley catheter **Size:** 2500 max	When I asked about pain with urination she said she cannot tell since she has the catheter. Pt has to go home with catheter in because when it was taken out the pt could not fully empty bladder and the urine was backing up. Pt also noted that she did not like the catheter because she feels the urge to urinate and cannot on her own.
MUSCULOSKELETAL: **Neurovascular status:** No pain, not pale, pulse is good, no numbing, no paralysis **ROM:** Full range of motion, didn't get tired within the five minutes of motion **Supportive devices:** None **Strength:** Good, can walk by herself **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 17 **Activity/Mobility Status:** Fairly active **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Fall risk was a 17 on the board, but can walk to bathroom unattended
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** Effective at communicating **Mental Status:** Very good, happy, carried	Can move all body part well

good conversation and told me many stories about husband, children, and grandchildren **Speech:** Good speech, speaks English **Sensory:** Aware **LOC:** Fully aware	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** Tylenol and spending time alone **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Lutherine. She has been Lutherine her whole life and finds it very important **Personal/Family Data (Think about home environment, family structure, and available family support):** She has support from her husband, children, and four grandchildren. She also has a miniature Australian shepherd who is about 7 years old and loves very much	.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0811	85 (radial)	161/92 (LA)	18 BPM	98.0 (oral)	97% (room air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1110	0 now with no pain. Pt was a 5 when admitted	Lower abdomen	No pain at all now. Was very bad when admitted	When she had pain it was sharp	Pain medicine

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

75% of breakfast eaten (had scrambled eggs, toast, sausage but only had one piece because it didn't taste good, banana, coffee, cranberry juice). Approximately 250 mL of juice/water/ coffee. No IV (she was being discharged)	150 mL of urine. Bowel movement at 1100

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. Impaired urinary function: Pt has a Foley catheter because of inability to fully empty bladder. The catheter was taken out once, but had to be inserted again due to urine backing up and not fully emptying.	This nursing diagnosis was chosen because even though the pt was being discharged, she had to go home with a catheter due to urinary incontinence. The pt had to have a way to empty her bladder so she did not develop anymore medical problems.	**1.** Impaired urinary function needs to be checking out/helped by a urologist who could help get those feelings and sphincters to work properly. **2.** Doing kegel exercises to help strengthen pelvic floor, or sphincter exercises to help strengthen the internal urethral	The ultimate goal would be for the pt to go to the restroom and be able to fully empty her bladder Another goal would be to recognize when her bladder is full and she has to go so the catheter is no longer needed if these two goals are met. Pt says "I am aware and can fully empty my bladder on my own now".

		sphincter which is a primary cause of urinary incontinence	
2. Risk for infection: Pt has a risk of infection from Foley catheter. Catheters are a "highway" for bacteria to go straight up the urethra. Keeping sterility when inserting the catheter, and proper perineal care can help prevent infection.	Infection can be a very serious thing and can lead to many other medical problems. Making sure her symptoms of her diverticulitis were under control and managed were important, but also making sure the catheter she had was properly cared for so her risk of infection would be decreased. The pt is at risk of developing cystitis (bladder infection), and urethritis (infection in the urethra)	**1.** Keeping sterility when inserting the catheter, and proper perineal care can help prevent infection. Making sure pt wipes front to back and keeping the area as clean as possible. **2.** Also, drinking plenty of water and eating a proper diet can help fight an infection. Patients body may also experience infection like symptoms from her acute diverticulitis	The goal would be to have not contracted any infection. Sterility and proper hygiene were big reasons for no infection. The other goal would be to have had proper water and nutrition so her diverticulitis symptoms would not worsen, and the fluid and proper diet could help fight off the potential infection Pt says "the care taken to not contract an infection was well worth it and actually taught me how to better care for myself"

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

Patient reported pain in lower quadrant of the abdomen
Patient was at a pain level of 5
Patient felt the need to urinate
Patient was feeling much better with no pain at the end before being discharged

Nursing Diagnosis/Outcomes

Patient was diagnosed with acute diverticulitis meaning is not something she has been dealing with for longer than six months. Patient had pain managed by pain medications. Patient developed urinary incontinence from the Foley catheter, so it had to be inserted again. Hopefully with time her muscles and sphincters will be back to normal with some exercises and help from provider

Objective Data

Patient was diagnosed with diverticulitis
Patient had a Foley catheter inserted because bladder was not being fully emptied

Patient Information

Patient is a white, 80 year old female. She is 140 lbs, and is 5'3". Patient has been diagnosed with acute diverticulitis

Nursing Interventions

The proper interventions would have been to manage her pain when she was first admitted. Maintain sterility when inserting Foley catheter. Perform proper perineal care to prevent risk of infection. Encourage patient to stay hydrated and maintain proper hygiene and diet when discharged. Encourage high fiber diets due to her diagnosis.