N321 Care Plan # 3

Lakeview College of Nursing

Name Casey Buchanan

Demographics (3 points)

Date of Admission 10/19/20	Patient Initials D.C.	Age 77	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies NKDA
Code Status Full code	Height 5'10"	Weight 125 lbs	

Medical History (5 Points)

Past Medical History: COPD, hypertension, chronic kidney disease, cobalamin deficiency, adenocarcinoma of the esophagus.

Past Surgical History: Kidney excision.

Family History: No current health problems for 1st degree relatives.

Social History (tobacco/alcohol/drugs): No alcohol or chewing tobacco use. Smokes 4 cigarettes a day/60 years.

Assistive Devices: Unknown.

Living Situation: Lives in an assisted living home.

Education Level: 10

Admission Assessment

Chief Complaint (2 points): Weakness, malnutrition, dysphagia.

History of present Illness (10 points):.

Patient is a 77-year old male that was sent to the emergency department by his doctor on 10/19/20. The patient presented with generalized weakness, dysphagia, malnutrition, loss of appetite, and shortness of breath. His physician had done an upper endoscopy at some point prior

to the emergency department visit. The procedure indicated a mass in the GE junction. The patient also has a history of COPD, kidney disease, and anemia. His lab values were consistent with anemia and chronic kidney disease. It is unclear in the notes, but at some point, the patient may have also had bladder cancer that was treated.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Adenocarcinoma of the esophagus.

Secondary Diagnosis (if applicable): Weakness due to malnutrition, dysphagia.

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

Esophageal cancer can be caused by squamous cell carcinoma or adenocarcinoma. In recent years, adenocarcinoma has become more frequent and has more options to treat and cure it. Adenocarcinoma begins in the mucus-secreting glands in the esophagus. It occurs in the distal portion of the esophagus and the gastroesophageal junction (Capriotti & Frizzell, 2016). The main risk factors of adenocarcinoma are Barrett's esophagus, chronic GERD, and tobacco use (Capriotti & Frizzell, 2016). White men over the age of 60 have the highest incidence of esophageal cancer. With chronic gastric reflux, commonly known as GERD, changes occur to the esophagus' cells and tissue due to chronic irritation of stomach acid. These changes to the cells, called metaplasia, gradually develop into cancer cells, and a tumor will form. While GERD was not specifically listed in this patient's past medical history, he took pantoprazole, a medicine used to treat GERD. This patient is a white male, over sixty years of age, and has a significant history of smoking cigarettes for sixty years.

Esophageal cancer signs and symptoms include difficulty swallowing, excessive weight loss, coughing, malnourishment, chest pain, and worsening heartburn (Mayo Clinic, 2020). Difficulty breathing may also occur if the tumor is large. This patient had severe dysphagia and had recently lost a lot of weight. He was very malnourished to the point he was receiving IV fluid and nutrition. Healthcare professionals should monitor the risk of an obstruction of the esophagus, pain and assess the risk for bleeding (Mayo Clinic, 2020).

To diagnose adenocarcinoma, the patient will undergo an endoscopy in which the patient is given mild sedation, and a camera is passed down the esophagus. The surgeon will biopsy areas of tissue that look suspicious. Lab diagnostics will confirm if the cells are cancerous. This patient did have an upper endoscopy and a confirmed diagnosis of adenocarcinoma.

There are various treatments a patient may undergo to treat adenocarcinoma. The five-year survival rate for people with this cancer is 20-25% (Capriotti & Frizzell, 2016). If the patient is healthy and stable enough to undergo surgery, the tumor may be removed and the removal of part of the esophagus and stomach. Surgery to treat this cancer can be very invasive and extensive; therefore, not every patient is a candidate. Other treatments include placing a stent in the esophagus to help keep it open, provide nutrition, chemotherapy, and radiation therapy (Mayo Clinic, 2016). The oncologist will discuss with each patient which treatment combination is best for their specific situation. For this patient, the first step of treatment is providing nutrition. This patient was extremely weak and malnourished due to being unable to swallow food and liquid. If the patient is tolerating the TPN therapy well, he will undergo chemotherapy.

Pathophysiology References (2) (APA):

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

Mayo Clinic. (2020). *Esophageal cancer.* https://www.mayoclinic.org/diseases-conditions/esophageal-cancer/diagnosis-treatment/drc-20356090.

Laboratory Data (15 points)

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	**4.6-6.20**	**3.71**		**Value consistent with vitamin B12 deficiency. (Capriotti & Frizzell, 2016).**
Hgb	**14.0-18.0**	**9.4**		**Value consistent with anemia. (Capriotti & Frizzell, 2016).**
Hct	**42.0-52.0%**	**32.2**		**Value consistent with anemia. (Capriotti & Frizzell, 2016).**
Platelets	**150-400**	**264**		
WBC	**4.3-11.0**	**8.9**		
Neutrophils	**37.0-85.0%**	**72.8**		
Lymphocytes	**20.0-45.0%**	**14.2**		**Value consistent with malnutrion. (Capriotti & Frizzell, 2016).**
Monocytes	**0.0-15.0%**	**11.8**		
Eosinophils	**0.0-8.0%**	**0.8**		
Bands	**0.0-0.1%**	**0.2**		**Value consistent with cancer. (Capriotti & Frizzell, 2016).**

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-	**135-145**	**139**		
K+	**3.5-5.5**	**3.2**		**Value consistent with chronic kidney disease. (Capriotti & Frizzell, 2016).**
Cl-	**95-110**	**109**		
CO2	**23-31**	**22**		**Value consistent with kidney disease. (Capriotti & Frizzell, 2016).**
Glucose	**70-110**	**157**		**Value consistent with physical illness and emotional stress. (Capriotti & Frizzell, 2016).**
BUN	**8-25**	**44**		**Value consistent with kidney disease. (Capriotti & Frizzell, 2016).**
Creatinine	**0.70-1.50**	**2.27**		**Value consistent with kidney disease. (Capriotti & Frizzell, 2016).**
Albumin	**3.5-5.0**	**2.5**		**Value consistent with poor nutrition. (Capriotti & Frizzell, 2016).**
Calcium	**8.4-10.3**	**7.9**		**Value consistent with kidney disease. (Capriotti & Frizzell, 2016).**
Mag	**1.6-2.6**			
Phosphate	**2.5-4.5**			
Bilirubin	**0.2-1.2**	**0.2**		
Alk Phos	**40-150**	**47**		
AST	**16-40**	**12**		**Value consistent with malnutrition. (Capriotti & Frizzell, 2016).**
ALT	**7-52**	**<6**		**Value consistent with malnutrition. (Capriotti & Frizzell, 2016).**
Amylase	**23-85**			
Lipase	**12-70**			

Lactic Acid	**0.50-2.20**			

Other Tests 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
INR	**0.90-1.10**			
PT	**12.2-14.3**			
PTT	**24-34**			
D-Dimer	**100.0-339.0**			
BNP	**15.00-99.90**			
HDL	**>60**			
LDL	**<100**			
Cholesterol	**<200**			
Triglycerides	**<150**			
Hgb A1c	**<7%**			
TSH	**0.4-4.0**			

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**		
pH	**4.6-8.0**	**6.00**		
Specific Gravity	**1.005-1.030**	**1.025**		
Glucose	**Negative**	**negative**		
Protein	**0-8 mg/dL**	**1**		**Value consistent with kidney**

				disease. (Capriotti & Frizzell, 2016).
Ketones	**Negative**	**negative**		
WBC	**0-4**	**negative**		
RBC	**0-2**	**negative**		
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				
Blood Culture				
Sputum Culture				
Stool Culture				

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 (5 points): Chest x-ray.

Diagnostic Test Correlation (5 points): A chest x-ray was indicated due to the patient experiencing shortness of breath, weakness, and loss of appetite. The chest x-ray revealed no cardiopulmonary abnormalities, and clear lungs. The x-ray also showed that the port-a-cath device was in the appropriate site.

Diagnostic Test Reference (APA):

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Hinkle, H. L., & Cheever, K. H., (2018). *Textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Lipitor/ atorvastatin calcium**	**Plavix/ clopidogrel**	**Protonix/ pantoprazole**	**Zestril/ lisinopril**	**Apresoline/ hydralazine**
Dose	20 mg	75 mg	40 mg	10 mg	25 mg
Frequency	Once daily at bedtime	Once daily	Once daily	Once daily at 1600	3 times daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antihyperlipidemic	Platelet aggregation inhibitor	Antiulcer; gastric acid proton pump inhibitor	Antihypertensive; vasodilator	Antihypertensive; Vasodilator
Mechanism of Action	Reduces cholesterol and lipoprotein by disrupting cholesterol synthesis in the liver. Also increases LDL receptors to increase LDL uptake.	Binds to the ADP site on platelets. This blocks ADP which prevents fibrinogen from attaching, which doesn't allow platelets to stick together.	Inhibits the proton pump.	Stops angiotensin I from converting to angiotensin II which is a vasoconstrictor.	Causes muscles to relax and vasodilate, selectively works on arteries.
Reason Client Taking	To control high cholesterol.	Reduce risk of embolism.	Treat GERD.	Treat hypertension.	Treat hypertension.

Contraindications (2)	Active hepatic disease. Pregnancy.	Hypersensitivity to clopidogrel. Active bleeding due to peptic ulcer disease.	Concurrent use of rilpivirine-containing products. Hypersensitivity to pantoprazole.	History of angioedema with previous ACE inhibitor. Hypersensitivity to lisinopril.	Coronary artery disease. Mitral valve disease.
Side Effects/Adverse Reactions (2)	Anemia. Nephritis.	Elevated liver enzymes. Eosinophilic pneumonia.	Hyperlipidemia. Hepatitis.	Vomiting. Weight gain or loss.	Flushing. Orthostatic hypotension.
Nursing Considerations (2)	Emphasize that the medication is to be used along with a low cholesterol diet. Instruct client to take drug at the same time every day.	Educate patients on bleeding precautions. Don't discontinue abruptly.	Using for longer than three years may cause a vitamin B-12 deficiency. Instruct patient to swallow pill whole, do not chew or crush it.	Monitor for dehydration. Monitor blood pressure often.	Discontinue right away if patient experiences lupus-like symptoms. Instruct patient to take with food.

Hospital Medications (5 required)

Brand/Generic	**Intralipid/ fat emulsion**	**Catapres/ clonidine**	**Zofran/ ondansetron**	**Normodyne / labetalol**	**Proventil/ albuterol**
Dose	250 mL/24 hours	0.1 mg	4 mg	20 mg	3 mg
Frequency	Daily	Once every morning	Every 4 hours PRN	Every 4 hours PRN for systolic >160	3 ml every 8 hours
Route	IV	Transdermal patch	IV	IV	Inhalation nebulizer
Classification	IV nutritional product	Analgesic/ antihypertensive	Antiemetic	Antihypertensive	Bronchodilator
Mechanism of Action	Nutritional supplement given through IV.	Prevents transmission of pain signals.	Prevents serotonin release in the small intestine.	Blocks beta receptors in vascular smooth muscle.	Attaches to beta 2 receptors in bronchial cells and causes ATP

					to convert to cAMP which decreases calcium levels and relaxes the smooth muscle.
Reason Client Taking	Give nutrition due to inability to swallow.	Treatment of pain.	Prevent nauseas and vomiting.	Manage severe hypertension.	COPD management.
Contraindications (2)	Pancreatitis. Hypersensitivity to intralipid.	Bleeding. Hypersensitivity to clonidine.	Congenital long QT syndrome. Hypersensitivity to ondansetron.	Asthma. Heart failure.	Hypersensitivity to albuterol or its components.
Side Effects/Adverse Reactions (2)	Stomach pain. Dizziness.	Agitation. Thrombocytopenia.	Tachycardia. Shortness of breath.	Dyspnea. Jaundice.	Tremor. Pulmonary edema.
Nursing Considerations (2)	Monitor serum levels of triglycerides. Liver function should be tested.	Rotate administration sites. Monitor blood pressure and heart rate often.	Correct hypomagnesemia before giving drug. Instruct patient to report a rash right away.	Labetalol can mask signs of shock. Monitor blood pressure.	Monitor potassium levels. Use cautiously in patients with cardiac disorders, hypertension, and hyperthyroidism.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2019 Nurse's drug handbook* (18th. Ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: Patient drowsy. Alert when being addressed.** **Orientation: Patient oriented to person, place, and time.** **Distress: Patient appears frustrated, no apparent distress.** **Overall appearance: Malnourished, pale, depressed, flat.**	
INTEGUMENTARY (2 points): **Skin color: Pale for race.** **Character: Good skin character.** **Temperature: Warm, dry.** **Turgor: Poor skin turgor.** **Rashes: No rashes.** **Bruises: No bruises.** **Wounds: No wounds.** **Braden Score: 17** **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck: Trachea midline, normocephalic.** **Ears: Hearing intact, slightly hard of hearing.** **Eyes: Clear, no discharge, no itching.** **Nose: Nares patent.** **Teeth: Appropriate dentition.**	
CARDIOVASCULAR (2 points): **Heart sounds: S1, S2 auscultated. No gallops, no murmur, no rubs.** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable): N/A** **Peripheral Pulses: Peripheral pulses palpable. Regular rate and rhythm.** **Capillary refill: < 3 seconds.** **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character: Coarse lung sounds throughout, scattered rhonchi, unlabored while resting. Shortness of breath with exertion.**	

GASTROINTESTINAL (2 points): **Diet at home: Regular** **Current Diet: NPO** **Height: 5'10"** **Weight: 125 lbs** **Auscultation Bowel sounds: Bowel sounds hypoactive in all four quadrants.** **Last BM: 10/21/20** **Palpation: Pain, Mass etc.: No pain or mass palpable.** **Inspection:** **Distention: No distension.** **Incisions: No incisions.** **Scars: Some scaring due to old incisions. All appear in good condition.** **Drains: None.** **Wounds: None.** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: TPN nutrition.**	.
GENITOURINARY (2 Points): **Color: Dark yellow.** **Character: Clear.** **Quantity of urine: 700 mL output from this morning until 1130.** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: N/A.** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status: Intact.** **ROM: Impaired.** **Supportive devices: Ambulates with walker. Gait unsteady** **Strength: Diminished strength throughout.** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 85** **Activity/Mobility Status: Fatigued, weak.** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐**	.

Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation: Oriented to person, place, and time.** **Mental Status: Intact.** **Speech: Clear.** **Sensory: Slightly hard of hearing.** **LOC: Alert with prompted. Wants to sleep.**	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s): N/A** **Developmental level: Appropriate for age.** **Religion & what it means to pt.: N/A** **Personal/Family Data (Think about home environment, family structure, and available family support): Patient is married. Patient lives in assisted living facility.**	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0725	**80**	**156/76**	**20**	**98.2**	**93%**
Pt. was resting in afternoon.					

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0725 Pt. reports no pain.	**0-10**				

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Single lumen implanted port **Location of IV: left subclavian** **Date on IV: 10/20/20** **Patency of IV: Patent, infusing** **Signs of erythema, drainage, etc.: no drainage, no erythema**	0.9% Sodium chloride with KCL 40 mEq/L Rate at 50mL/hr. Intralipid IV 20% 250 mL every 24 hours.

IV dressing assessment: clean dry intact. Biopatch in place	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
24-hour intake 2979	**Output from 10/22 morning to 1130:** **700mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient is receiving IV nutrition and fluids to facilitate proper nutrition. Patient has many conditions. Current focus is on building up strength in order to be transferred to an assisted home, where further treatment will be decided upon. The patient has a new diagnosis of adenocarcinoma of the esophagus and has been unable to eat or drink in the last few weeks.

Procedures/testing done: The patient had an appointment with his doctor where an upper endoscopy was performed. A mass was found in the GE junction. A chest x-ray was performed due to the patient having shortness of breath and weakness. Other labs include CBC, and lab analysis.

Complaints/Issues: Patient currently states he has no complaints. He does appear to be frustrated, depressed, and displays signs of fatigue/weakness.

Vital signs (stable/unstable): Blood pressure, pulse, and respiratory rate are stable. His O2 is 93% on room air. This is an acceptable number due to his COPD. Patient displays no signs of distress.

Tolerating diet, activity, etc.: Patient is receiving TPN nutrition. He is tolerating it well. Patient doesn't want to participate in activity due to weakness and most likely in part to depression. He rests most of the day.

Physician notifications: No notifications at this time.

Future plans for patient: The plan is to continue IV fluids and nutrition until the patient better nourished. He will then be transferred to a nursing home where he will continue to be evaluated. If he is able to regain enough strength to endure chemotherapy, treatment will begin. If the patient is unable to improve, hospice will be consulted.

Discharge Planning (2 points)

Discharge location: Nursing home.

Home health needs (if applicable): N/A

Equipment needs (if applicable): Patient will most likely need an assisted device such as a walker.

Follow up plan: The health care team will continue to monitor the patient daily.

Education needs: Possible education topics include the importance of quitting smoking, COPD care instructions, and what to expect during chemotherapy.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Imbalanced nutrition related to esophageal cancer as evidence by dysphagia and patient being NPO.	**The patient is dehydrated, malnourished, and fatigued due to being unable to swallow any substance by mouth.**	**1. Continue to provide fluids.** **2. Continue TPN feedings.**	**The patient is aware of why he needs continues TPN and fluids.** **His response was appropriate.**
2. Grieving related to loss of physiological well-being and potential death as evidence by depression, frustration, and being withdrawn.	**Patient is processing a lifechanging event that is very scary.** **Depression, frustration, and being withdrawn are common in the grieving process. This patient needs support.**	**1. Be aware of mood swings and hostility and redirect negative thinking.** **2. Encourage and ask patient to express how they are feeling.**	**The patient is still in a stage of frustration. He would answer questions and speak with staff when asked a question.**
3. Risk for infection related to malnutrion and cancer as evidence by patient losing weight.	**Malnutrition and diseases can be major factors in the presence of an infection. It is important for the patient to remain as healthy as possible while undergoing cancer**	**1. Assess body systems for signs and symptoms of infection.** **2. Promote rest and ambulation.**	**Patient doesn't want to be assessed but will reluctantly allow the staff to assess him.** **He doesn't want to ambulate.**

	treatment.		

Other References (APA):

Vera, M. (2019). *13 Cancer nursing care plan.* Nurse Labs. https://nurseslabs.com/cancer-nursing-care-plans/.

Concept Map (20 Points):

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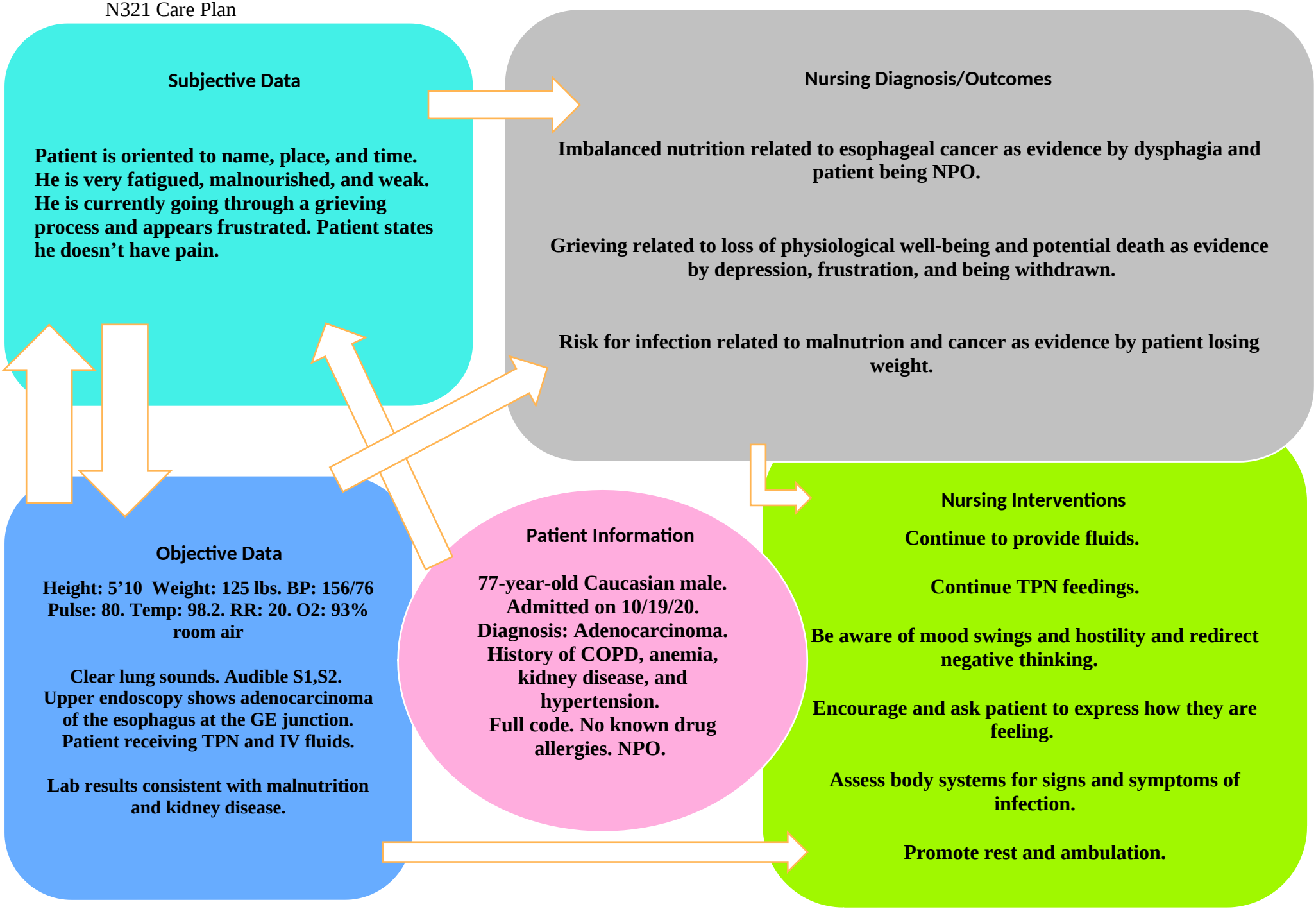

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