N431 Care Plan #1

Lakeview College of Nursing

Morgan Drennan

Demographics (3 points)

Date of Admission 10/22/20	Patient Initials YC	Age 60 years of age	Gender Female
Race/Ethnicity African American	Occupation unemployed	Marital Status married	Allergies Aspirin, Penicillin's
Code Status Full	Height 5'1" (154.9 cm)	Weight 133 lbs 1.6 oz (60.4 kg)	

Medical History (5 Points)

Past Medical History: Hypertension, hypothyroid, uterine cancer, renal failure

Past Surgical History: Cystoscopy (bilateral), total hysterectomy with bilateral salpingo-oophorectomy, central venous catheterization

Family History: maternal diabetes, maternal hypertension

Social History (tobacco/alcohol/drugs): Patient states that she does smoke 0.25 packs per day and has for the past 30 years. Patient reports that she does not use smokeless tobacco, alcohol, or other drugs

Assistive Devices: walker

Living Situation: Patient states she lives at home with her husband

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Leg swelling and pain

History of present Illness (10 points):Patient states that she had the nephrostomy put in and on 10/22/20 due to deteriorating renal function. She came back to the emergency room because her doctor told her too. Patient states that she called her doctor because her left leg

was hurting for two days and that the pain was constant and throbbing. She also reports that she felt heat when she touched her leg. Patient states it hurt to move, so she avoided getting up and moving after her nephrostomy was placed. She also reported that nothing relieved her pain besides not moving and even then, her leg still hurt. The treatment that she has been using is the pain medication that was prescribed to her, which is Oxycodone.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute deep vein thrombosis in the left lower extremity

Secondary Diagnosis (if applicable):. N/A

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

Pathophysiology

Deep vein thrombosis (DVT) occurs when the blood cannot circulate. The causes of DVT are surgery, injury to a vein, and limited mobility that could also be related to surgery. Platelet levels could be high, causing increased clotting. Prothrombin inhibits the anticoagulant properties, which results in a dense fibrin clot obstructing the blood flow (Stone et al., 2017).

Signs and symptoms

Signs and symptoms present with a deep vein thrombosis are swelling in the leg with the clot, pain in the leg, red-colored skin, and warmth on the affected leg. The patient had presented with the common signs and symptoms. She had swelling in the left leg, pain that she reported as "throbbing and constant," and the patients' leg was hot to the touch in the

area where the blood clot is present. Due to the client's dark skin tone, red color was absent in the leg area, where the client reported pain and swelling.

Diagnostic tests and Labs

Diagnostic tests that conclude the diagnosis are a deep vein thrombosis, including ultrasound, blood testing, venography, and CT or MRI scans. An ultrasound is the most common way to visualize a blood clot. A blood test will show a blood clot when it becomes severe by presenting with an elevated D-dimer. Venography uses dye injected into the vein, and an X-ray shows the blood clot. However, this is the more invasive option of a diagnosis. CT and MRI can visualize the blood clot, but the ultrasound is usually the most effective and least invasive option. This patients' blood clot was diagnosed by the visualization of the clot with an ultrasound.

Treatment

Treatment for deep vein thrombosis includes blood thinners, clot busters, filters, and compression stockings. Blood thinners or anticoagulants decrease the blood's ability to clot and prevent the clot from getting more significant. Heparin is the drug of choice, usually for deep vein thrombosis patients. Enoxaparin (Lovenox) and dalteparin (Fragmin) are alternatives used intravenously. After the patient receives IV therapy, in most cases, they then are prescribed an oral medication such as warfarin (Coumadin) or dabigatran (Pradaxa). Rivaroxaban (Xarelto) and apixaban (Eliquis) are options for oral anticoagulants. Clot busters break up bigger clots that are not improving with other medications. Alteplase is the most commonly used clot buster.

Surgically placed filters prevent clots from traveling to the lungs. Compression stockings help with the swelling that is caused by blood clots. Interventions to help decrease the risk of deep vein thrombosis include ambulating soon after surgery and wearing compression stockings to help with blood flow (Mayo Clinic Staff, 2018).

This patient was on IV Heparin where the administration rate adjusted based on her PTT values. The patient takes apixaban (Eliquis) at home and is also taking oral warfarin (Coumadin) while in the hospital. The patient developed deep vein thrombosis following the placement of her nephrostomy tube. She states that she "did not move because the tube and her back hurt too bad." Immobility was a large factor in causing deep vein thrombosis.

Pathophysiology References (2) (APA):

Mayo Clinic Staff. (2018). ***Deep Vein Thrombosis (DVT).*** **https://www.mayoclinic.org/diseases-conditions/deep-vein-thrombosis/diagnosis-treatment/drc-20352563.**

Stone, J., Hangge, P., Albadawi, H., Wallace, A., Shamoun, F., Knuttien, M. G., Naidu, S., & Oklu, R. (2017). ***Deep Vein Thrombosis: pathogenesis, diagnosis, and medical management.*** **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5778510/.**

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	3.80-5.30	2.88	Not drawn	Value decreased related to patient's renal disease (Pagana &Pagana, 2010).
Hgb	12-15.8	8.2	Not	Value decreased related to patient's

			drawn	renal disease (Pagana &Pagana, 2010).
Hct	36-47	24.5	Not drawn	Value decreased related to patient's renal disease (Pagana &Pagana, 2010).
Platelets	140-440	339	Not drawn	
WBC	4-12	2.80	Not drawn	Value decreased related to patient receiving chemotherapy (Pagana & Pagana, 2010).
Neutrophils	1.60-7.70	1.85	Not drawn	*absolute neutrophils
Lymphocytes	1.30-3.20	0.62	Not drawn	Value decreased related to patient receiving chemotherapy (Pagana & Pagana, 2010). *absolute lymphocytes
Monocytes	0.20-1.00	0.28	Not drawn	*absolute monocytes
Eosinophils	0-0.40	0.06	Not drawn	*absolute eosinophils
Bands	<10	Not drawn	Not drawn	

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-	133-144	134	139	
K+	3.5-5.1	3.9	3.3	Value decreased related to deteriorating renal function (Pagana & Pagana, 2010).
Cl-	98-107	96	108	Value is decreased related to hypokalemia which is managed by potassium supplements at home. Value is increased in hospital due to continuous infusion of normal saline (Pagana & Pagana, 2010).
CO2	21-31	21	21	
Glucose	70-99	74	105	Increased value due to

				compromised renal function or the client could have just eaten a meal. (Pagana & Pagana, 2010).
BUN	**7-25**	**41**	**26**	**Increased value related to the patients' compromised renal function. This value rises when the kidneys are no longer filtering properly and there is a higher concentration of waste products present in the blood stream (Pagana & Pagana, 2010).**
Creatinine	**0.50-1.00**	**5.66**	**4.62**	**Increased value related to the patients' compromised renal function. The BUN/creatinine ratio being elevated points to renal failure vs. only the BUN being elevated could suggest dehydration. (Pagana & Pagana, 2010).**
Albumin	**3.5-5.7**	**3.5**	**Not drawn**	**Though this is WNL, renal failure clients tend to have low albumin due to the kidneys no longer stimulating the production of erythropoietin.**
Calcium	**8.8-10.2**	**9.3**	**8.3**	**Decreased value related to the patients' decreasing renal function (Pagana & Pagana, 2010).**
Mag	**1.6-2.6**	**Not drawn**	**Not drawn**	
Phosphate	**2.5-4.5**	**Not drawn**	**Not drawn**	
Bilirubin	**0.2-0.8**	**0.5**	**Not drawn**	
Alk Phos	**34-104**	**99**	**Not drawn**	
AST	**13-39**	**13**	**Not drawn**	
ALT	**7-52**	**8**	**Not drawn**	
Amylase	**23-85**	**not drawn**	**Not drawn**	
Lipase	**0-160**	**Not drawn**	**Not drawn**	

Lactic Acid	**0.5-1**	**Not drawn**	**Not drawn**	
Troponin	**0.0-0.040**	**Not drawn**	**Not drawn**	
CK-MB	**0-4**	**Not drawn**	**Not drawn**	
Total CK	**30-223**	**Not drawn**	**Not drawn**	

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	**0.8-1.1**	**Not drawn**	**1.9**	**Patient is on Warfarin (Pagana & Pagana, 2010).**
PT	**10.1-13.1**	**Not drawn**	**23.2**	**Patient is on Warfarin (Pagana & Pagana, 2010).**
PTT	**25-36**	**33**	**70**	**Patient is on Warfarin (Pagana & Pagana, 2010).**
D-Dimer	**<0.5**	**Not drawn**	**Not drawn**	
BNP	**0-100**	**Not drawn**	**Not drawn**	
HDL	**>60**	**Not drawn**	**Not drawn**	
LDL	**<100**	**Not drawn**	**Not drawn**	
Cholesterol	**<200**	**Not drawn**	**Not drawn**	
Triglycerides	**<150**	**Not drawn**	**Not drawn**	
Hgb A1c	**4-5.6**	**Not drawn**	**Not drawn**	
TSH	**0.4-4**	**Not drawn**	**Not drawn**	

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 and**	**Not**	**Not**	

	clear	**drawn**	**drawn**	
pH	**5-9**	**Not drawn**	**Not drawn**	
Specific Gravity	**1.003-1.030**	**Not drawn**	**Not drawn**	
Glucose	**negative**	**Not drawn**	**Not drawn**	
Protein	**negative**	**Not drawn**	**Not drawn**	
Ketones	**negative**	**Not drawn**	**Not drawn**	
WBC	**negative**	**Not drawn**	**Not drawn**	
RBC	**negative**	**Not drawn**	**Not drawn**	
Leukoesterase	**negative**	**Not drawn**	**Not drawn**	

Arterial Blood Gas 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
pH	**7.35-7.45**	**Not drawn**	**Not drawn**	
PaO2	**80-95**	**Not drawn**	**Not drawn**	
PaCO2	**35-45**	**Not drawn**	**Not drawn**	
HCO3	**22-26**	**Not drawn**	**Not drawn**	
SaO2	**95-99**	**Not drawn**	**Not drawn**	

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	No growth	Not drawn	Not drawn	
Blood Culture	No growth	Not drawn	Not drawn	
Sputum Culture	No growth	Not drawn	Not drawn	
Stool Culture	No growth	Not drawn	Not drawn	

Lab Correlations Reference (APA):

Pagana, K. & Pagana, T. (2010). *Mosby's Manual of Diagnostic and Laboratory Tests.* (4th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Duplex ultrasound of the left lower extremity

Diagnostic Test Correlation (5 points): The duplex ultrasound will give a visual of the blood clot and the vein that is being affected (Pagana & Pagana, 2010). Results from this patients' duplex ultrasound include an acute thrombosis or blood clot in the femoral vein (proximal to distal) and the popliteal vein.

Diagnostic Test Reference (APA):

Pagana, K. & Pagana, T. (2010). *Mosby's Manual of Diagnostic and Laboratory Tests.* (4th ed.). Elsevier.

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

Home Medications (5 required)

Brand/Generic	**Dexone/ dexamethasone**	**Eliquis/ apixaban**	**Zofran/ Ondansetron**	**OxyContin/ oxycodone**	**Colace/ Docusate sodium**
Dose	**4 mg**	**5 mg**	**8 mg**	**5 mg**	**100 mg**
Frequency	**1 tab daily, 5 tabs 12 hours before chemo, and 5 tabs 6 hours before chemo**	**BID**	**BID PRN**	**Q8H PRN**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Anti-inflammatory; immunosuppressant**	**Antithro-mbolytic**	**Antiemetic**	**analgesic**	**laxative**
Mechanism of Action	**Suppresses antigen response, inhibits synthesis of inflammatory mediators**	**Decrease thrombin generation and development**	**Prevent serotonin release to intestines**	**Blocks the release of inhibitory neurotransmitters**	**Surfactant to soften stools**
Reason Client Taking	**Prevent adverse reaction to chemo**	**Prevent DVT**	**nausea**	**Moderate to severe pain**	**constipation**
Contraindications (2)	**Administration of live vaccine; systemic fungal infections**	**Active bleeding; hypersensitivity to apixaban**	**Congenital long QT syndrome; hypersensitivty to ondansetron**	**Asthma; GI obstruction**	**Nausea; fecal impaction**
Side Effects/Adverse Reactions (2)	**Edema; thromboembolism**	**Excessive bleeding; syncope**	**Cardiac arrest; angina**	**Dyspnea; hypotension**	**Palpitations; dizziness**
Nursing Considerations (2)	**Use cautiously in patients with renal dysfunction because it can cause sodium retention; Give with**	**Expect to be discontinued 48 hours**	**Monitor patient for serotonin syndrome; administer**	**Be aware that this medication can**	**Expect long term use to cause depende**

	food to decrease GI distress	**before surgery; monitor patient for bleeding**	**medication as soon as the package is open because quick disintegration**	**lead to abuse or dependence; give medication before pain becomes to severe**	**nce; asses for laxative abuse syndrome**
Key Nursing Assessment(s)/Lab (s) Prior to Administration	**Monitor fluid intake; monitor glucose, cholesterol, lipids and electrolytes**	**Monitor INR, PT, and PTT**	**Monitor potassium levels; assess bowel sounds after administration**	**Monitor respiratory status; monitor pain**	**Monitor bowel sounds**
Client Teaching needs (2)	**Instruct patient to avoid anyone who has been sick; Instruct patient to not receive live vaccines.**	**Educate patient to report unusual bruising; advise patient to use a soft bristle toothbrush**	**Advise patient to report signs of a rash. Advise patient to seek help is her symptoms worsen.**	**Educate client to take the prescription as prescribed; advise the patient not to drive while on this medication**	**Advise patient to take with full glass of water; encourage patient to increase fiber intake** **(Jones & Bartlett, 2019).**

Hospital Medications (5 required)

Brand/Generic	**Norvasc/ Amlodipine**	**Heparin sodium/ heparin**	**Normodyne/ labetalol**	**Slow-Fe/ Ferrous sulfate**	**Vitamin B9/ Folic acid**
Dose	**5 mg**	**2,350-4,700 units**	**300 mg**	**325 mg**	**1 mg**
Frequency	**daily**	**PRN based on PTT**	**Q8H**	**daily**	**daily**
Route	**PO**	**IV**	**PO**	**PO**	**PO**
Classification	**Anti-hypertensive**	**Anti-coagulant**	**Anti-hypertensive**	**Anti-anemic**	**vitamin**
Mechanism of Action	**Decreases peripheral vascular resistance**	**Inactivates thrombin and prevents the production of fibrin**	**Reduces peripheral vascular resistance**	**Normalizes RBC's binding to hemoglobin**	**Stimulates the production of RBC's**
Reason Client Taking	**hypertension**	**DVT**	**hypertension**	**Iron deficiency**	**Folic acid deficiency**
Contraindications (2)	**Hypersensitivity to amlodipine; GFR less than 60mL/min**	**Inability to monitor coagulation; uncontrolled active bleeding**	**Asthma; heart failure**	**Hemolytic anemias; hemosiderosis**	**Hypersensitivity to folic acid; Hypersensitivity to vitamin components**
Side Effects/Adverse Reactions (2)	**Peripheral edema; nausea**	**Thrombosis; easy bruising**	**Edema; angina**	**Hypertension; dyspnea**	**Nausea; abdominal distention**
Nursing Considerations (2)	**Ask patient about chest pain; use cautiously in patients with impaired renal function**	**Give only by IV or SQ; expect to adjust the dosage**	**Be aware this medication masks signs of shock; expect to taper the**	**Give with a full glass of water or juice; give 1 to 2 hours before meals**	**Know PO administration can cause anaphylaxis; know that if the patient has renal disease the**

			dose		**dosage will most likely have to be adjusted**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Monitor BP**	**Obtain PTT after 8 hours of therapy**	**Monitor BP**	**Monitor BP**	**Monitor for anemia**
Client Teaching needs (2)	**Advise patient to have her BP checked regularly; suggest taking with food to prevent GI upset.**	**Educate patient to use a soft-bristled tooth brush; advise patient to avoid aspirin and ibuprofen.**	**Advise patient to report confusion; urge patient to avoid alcohol**	**Instruct patient not to chew the iron tablet; urge patient to eat foods that are high in vitamin C**	**Educate to protect medication from the sunlight; advise to increase; advise patient to eat more vegetables** **(Jones & Bartlett, 2019).**

Medications Reference (APA):

Jones & Bartlett Learning. (2019). ***2019 Nurses drug handbook (18th ed).*** **Burlington, MA.**

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is AOx4** **Patient does not appear to be in any distress and does not report any distress.** **Patient's appearance is appropriate for the ethnicity, age, and medical circumstances.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:**	**Skin color is appropriate for ethnicity. The skin is intact and dry. The skin is warm to the touch. Turgor is loose on hands as expected for age. There are no rashes or wounds present. There is a scar from a past**

Bruises: **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**hysterectomy on the abdomen. Braden score is 20. Port-a-cath is located on the right chest and is used during the patients chemotherapy treatments.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head, ears, eyes, and nose is symmetrical. The thyroid is midline. Sclera is white, and conjunctiva is pink and moist. There is no drainage present. External ear is intact. Dentition is not intact, patient has teeth missing. Mucous membranes are pink and moist. Airway is patent.**
CARDIOVASCULAR (2 points): **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:**	**S1 and S2 are present with no gallops or murmurs present. Cardiac monitor was not being used so cardiac rhythm was not assessed. Peripheral pulses are present. Pulses are stronger in the upper extremities than the lower extremities. Capillary refill is <3. Pitting edema is present in the lower extremities.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Patient is not using accessory muscles to breath. Respirations are clear bilaterally and are not labored.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Diet at home is regular and current diet at the hospital is regular. Height is 5' 1" and Weight is 133 lbs 1.6 oz. Bowel sounds present in all four quadrants. Last bowel movement was this morning (10/26/20). No pain or masses upon palpation. Upon inspection there is no distention, incisions, drains, or wounds. There was a scar present on the abdomen from a past hysterectomy.**

GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color of urine is pale yellow and clear. The patient has no pain with urination. Quantity of urine was 300mL. Genitals were intact. Nephrostomy tube is in place and is draining urine from the kidneys properly.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☐**	**Active ROM. Lower left extremity is hot to the touch related to the DVT, all other extremities are warm to the touch. Strength is equal in both hands and feet. Patient uses a walker.** **Fall score: 50**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Cognition is appropriate** **Memory is intact** **Speech is clear** **LOC: patient is alert and answering all questions.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patients family is very supportive and present in the patient's life. She loves talking about her children and grandchildren. Patient using talking as a coping mechanism. The patients' developmental level is as expected for her age. The patient does not have a religious affiliation.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1530	**69 bpm**	**108/58 mmHg**	**18 breaths/min**	**97.8 °F**	**99% on room air**
1715	**70 bpm**	**110/60 mmHg**	**16 breaths/min**	**98.1 °F**	**98% on room air**

Vital Sign Trends: No medications or interventions were done between vital signs, so there is no change and vitals are within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**0-10**	**Right flank**	**8**	**Constant, stabbing**	**Gave oxycodone, which was effective upon reassessment**
1715	**0-10**	**Follow-up of Right flank**	**0**	**n/a**	**n/a**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate: heparin 6-60mL/hr continuous or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20 gauge IV Right hand 10/23/20 IV is patent; easily flushes with saline No signs of erythema or drainage present Clean, dry, intact

	Port-a-cath located in the right chest Unable to assess patency due to port not being accessed. No signs of erythema or drainage Dressing is clean, dry and intact

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
450 mL IV (75mL/hr)	**300 mL urine via nephrostomy tube**

Nursing Care

Summary of Care (2 points)

Overview of care: Ensured that that patient had on fall risk socks, a bed alarm, and a fall risk sign on the door to provide safety to the patient. Patient is also on IV Heparin therapy.

Procedures/testing done: There were no procedures done during this student nurses shift.

Complaints/Issues: Patient complained of right flank pain related to her nephrostomy with a pain rating of an 8 on a scale of 0-10 this pain was managed after administration of oxycodone.

Vital signs (stable/unstable): Patients vital signs are stable

Tolerating diet, activity, etc.: The patient is tolerating her diet but states she "has not eaten all day because the kitchen keeps messing up the order and the food is not very good".

Physician notifications: The physician was not notified during this student nurses shift

Future plans for patient: Future plans for this client include education related to preventing a DVT and how to properly take care of her nephrostomy. Fall prevention, maintaining BP within normal limits to preserve remaining kidney function, and polypharmacy.

Discharge Planning (2 points)

Discharge location: Planned discharge location is to the patients' home with her husband.

Home health needs (if applicable): home health needs include a home health nurse to aid with the nephrostomy,

Equipment needs (if applicable): Walker and new nephrostomy catheter bags for when the current bag needs changed.

Follow up plan: Follow up with primary care provider within 7 days of discharge and attend chemotherapy as scheduled.

Education needs: Patient needs educated on how to prevent a DVT, anticoagulant therapy and the importance of labs related to the anticoagulant therapy, the importance of bleeding precautions while on anticoagulants and how to care for her nephrostomy.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. **Excessive clotting due to immobility related to not wanting to move due to pain from nephrostomy placement as evidenced by throbbing pain in the left leg, swelling in the left leg, and heat produced by the left leg.**	**The reasoning behind this rational is that the patient exhibits common signs and symptoms of a deep vein thrombosis.**	**1.Monitor laboratory tests such as PTT, PT, INR, and platelets.** **2.maintain the patient on bedrest**	**The patients' labs are as expected for a patient of Warfarin, with clotting factors increased (PT, PTT, INR). The patient is compliant with bedrest because she is in pain and she understands that she could cause the blood clot to move which could result in further issues such as a PE. The patient did not move during this student nurses shift.**
2. **Decreased peripheral tissue perfusion related to interrupted venous flow as evidenced by pitting edema in the legs and feet, difficult to palpate peripheral pulses, and visualization of deep vein thrombosis by duplex ultrasound.**	**The reasoning for picking this rational is visualization of the obstruction via duplex ultrasound and hard to palpate peripheral pules in the lower extremities.**	**1. Monitor for pain, change in color, temperature, and motility.** **2.Elevating the patients' leg or legs.**	**The patient reports pain in the left leg which is managed with oxycodone. There is no change in color present and the left leg is hot to the touch. The patient is on bedrest and does not have any complaints related to the bedrest. The patient is responding well to the intervention of elevating the legs slightly. She does not report pain with this intervention besides the pain that is originating from the deep vein thrombosis**
3. **Acute pain related to thrombus formation as evidenced by throbbing pain, swelling, and heat produced by the effected**	**This rational is chosen because the patient is reporting throbbing pain as a result from the swelling of the left leg.**	**1.assess for the presence of pain with a numeric scale, 0-10** **2 avoid flexion of the hips or knees.**	**The patient reports throbbing pain prior to the administration of pain medication. The patient reports pain of an 8 on the 0-10 scale and the pain is throbbing. After Oxycodone is administered the**

leg. As well as patient reported pain.			**patient reports pain at a 0 on a 0-10 pain scale. The patient has been educated not the been the knees or the hips and understands this education. Patient is being very receptive to the interventions provided.**
4. Need for health teaching related to home management of deep vein thrombosis therapy as evidenced by lack of knowledge in anticoagulant therapy and ways to reduce the risk of deep vein thrombosis in the future.	**This rational was chosen because the patient needs more education prior to being discharged about preventing DVTs and the patient does not understand why she is on so many anticoagulants.**	**1. discuss how to prevent another deep vein thrombosis in the future.** **2. discuss anticoagulant therapy**	**The patient responded well to education related to preventing future blood clots. Discussion related to avoiding sitting for too long, avoiding wearing restrictive clothing, and elevating the legs occurred. The patient stated that she "does not like to move when she is in too much pain" this leads to the question to the healthcare team to try to help further pain management. The medications Warfarin and apixaban were discussed and explained in detail of how the medications works, why she is taking them, and what signs to look for that would cause for concern.** **(Swearingen & Wright, 2019).**

Other References (APA):

Swearingen, P. & Wright, J. (2019). ***All in One: Nursing Care Planning Resource*****. (5th ed).**

Elsevier.such

Concept Map (20 Points):

Subjective Data

Client complains of throbbing pain in the left leg related to her DVT. She rates the pain an 8 on a scale of 0-10.

Nursing Diagnosis/Outcomes

Excessive clotting: GOAL continue maintaining the patients' clotting factors, so that they do not become to elevated and ensure interventions such as bed rest are done to prevent the movement of the clot resulting in a PE.
Decreased peripheral tissue perfusion: GOAL increase perfusion to the effected extremity that way the limb is getting blood flow and prevent tissue damage.
Acute pain: GOAL make the pain manageable or nonexistent
Need for health teaching: GOAL ensure that the client knows the symptoms to watch for and when to call her provider. Ensure that the patient understands her medications and why she is taking them.

Objective Data

Clients presents with pitting edema in the left leg and foot that presents with heat. The coagulation factors are increased as expected with the anticoagulation therapy that is being administered. The PT is 23.2, INR is 1.9, and PTT is 70. Vitals are all within range. A duplex ultrasound confirmed the diagnosis of a DVT.

Patient Information

60-year-old female client with history of hypertension, hypothyroid, uterine cancer, and renal failure. She was admitted for possible DVT which an ultrasound confirmed.

Nursing Interventions

Administer medication to aid in controlling the patients' pain
Monitor the patients clotting factors and work with the provider if an adjustment is needed.
Elevate the patients' legs to decrease edema.
Provide educational materials on anticoagulant therapy, the signs and symptoms of a DVT to then report to the patients' provider, and what actions to avoid while treating and recovering from a DVT.
Assess patient on a regular basis for pain and color change of the effected leg.