N311 Care Plan # 3

Lakeview College of Nursing

Jordan Helton

Demographics (5 points)

Date of Admission 10/26/20	Patient Initials J.L.H	Age 65	Gender Male
Race/Ethnicity Caucasian	Occupation Quad County EDI Mix	Marital Status Single	Allergies Skelaxin
Code Status FULL CODE	Height 6'11" (184.4 in.)	Weight 211 lb. 10.3 oz (96 kg)	

Medical History (5 Points)

Past Medical History: Foley catheter in place, PONV

Past Surgical History: Knee scope diagnostic (bilateral), shoulder arthroscopy (right)

Family History: Brother- enlarged prostate; Mother- CHF

Social History (tobacco/alcohol/drugs): Pt report having no tobacco or drug use. Pt reports drinking on occasion (2-3/week).

Admission Assessment

Chief Complaint (2 points): Urinary retention

History of present Illness (10 points): On October 26th**,** a 65 y/o, white, single, male was preoperative for surgical procedure: TURP. Surgery went w/o complication and minimal blood loss. Pt was evaluated postoperatively while resting comfortably with no complaints. Pt did state he felt wetness in groin area. He was assessed with no bleeding. Pt had a Foley catheter in for the last three weeks for urinary retention. Pt has no other prior medical problems. Pt is not on medications other than antibiotics for the procedure and medication for enlarged prostate. On occasion, pt has PONV after his orthopedic surgery.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): TURP

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Transurethral resection of the prostate (TURP) is a type of surgery to help treat urinary problems. In this case, to help treat an enlarged prostate. (“Transurethral resection of the prostate”, 2019). TURP is a surgery to help remove excess tissue from the prostate to help the flow of urine. A resectoscope is inserted through the tip of the penis and into the urethra. This procedure is done in less than two hours (Transurethral resection of the prostate”, 2019). The end of the scope has a small loop that is electrified that is used to trim the prostate. The instrument is also used to remove the excess tissue that will flush into the bladder. After the surgery, a catheter will be placed to help the bladder drain urine. Blood in the urine is normal after a TURP procedure but notify a doctor if it worsens. Painful urination is also common after TURP.

There are many reasons a TURP procedure is done on male patients. Benign Prostatic Hyperplasia causes urinary problems that affect the prostate. These include symptoms like Frequent and urgent need to urinate, Difficulty starting urination, dysuria, nocturia, process of stopping and starting again, the feeling of not emptying your bladder, and UTI’s (“Transurethral resection of the prostate”, 2019). This pt had a chief complaint of urinary retention.

The symptoms after surgery are normal within the first 24-48 hours after surgery. Small amounts blood in the urine is completely normal. Intermittent blood and dysuria can possibly last 6-8 weeks (“Transurethral resection of the prostate”, 2019). If abnormal symptoms occur, seek medical attention immediately. Any change in urine output, color or odor is a sign of problems. The sight of blood clots or excessive blood. This pt has a normal finding of blood in the urine. The combination of medication and blood loss could be the reason for orange urine.

There are no diagnostic tests done for a TURP procedure. Diagnostic tests are done to determine BPH, like this pt. A Digital rectal exam (DRE) is done by the clinician. During DRE, posterior wall of prostate is palpated through anterior wall of the rectal vault (Capriotti, 2016). If BPH occurs, the prostate is enlarged, smooth, firm, and nontender. PSA, urine flow studies, cystoscopy, and ultrasound are other tests the doctor can order (Capriotti, 2016).

TURP is a very successful surgery to treat BPH, but tissue on the prostate regrows overtime. There is no cure for BPH, so TURP is one of the best procedures to help reduce complications. For this pt, TURP is to help his urinary retention from causing a UTI and urinary retention. The ultimate goal of TURP is to help relieve urinary problems from gradually getting worse.

Pathophysiology References (2) (APA):

Capriotti, T. M. & Frizzell, J. P., (2016). *PATHOPHYSIOLOGY : introductory concepts and clinical perspectives.* F A Davis.

Transurethral resection of the prostate (TURP). (2019, November 26). Mayo Clinic. Retrieved October 30, 2020, from https://www.mayoclinic.org/tests-procedures/turp/about/pac-20384880.

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	4.4-5.5	N/A	4.08	Minimal blood loss due to surgery (TURP) as described by doctor. (Corbett & Banks, 2019)

Hgb	13.1-16.0	N/A	12.1	Minimal blood loss due to surgery as described by doctor. (Corbett & Banks, 2019)
Hct	39.8-48.5	N/A	37.5	The minimal blood loss from TURP surgery. (Corbett & Banks, 2019)
Platelets	145-358	N/A	191	
WBC	4.6-9.1	N/A	7.7	
Neutrophils	2.3-5.7	N/A	6.0	Neutrophil increase is due to an infection in the body. BPH causes urinary retention in which can cause lower UTI. (Corbett & Banks, 2019)
Lymphocytes	1.1-3.3	N/A	0.77	Lymphocyte decrease when an infection has occurred in the body due to BPH causing urinary retention. This can lead to a UTI. (Corbett & Banks, 2019)
Monocytes	0.3-0.8	N/A	0.66	
Eosinophils	0.03-0.45	N/A	0.24	
Bands	N/A	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	N/A	137	
K+	3.5-5.1	N/A	4.0	
Cl-	98-107	N/A	108	Some electrolytes can be decreased by surgical procedures such as chloride (Corbett & Banks, 2019) Pt must have been on sodium chloride for some time after surgery to get level back into normal range. Pt must have had solution going into body for a bit too long.
CO2	21-32	N/A	25.0	

Glucose	74-106	N/A	97	
BUN	7-18	N/A	9	
Creatinine	0.7-1.3	N/A	1.07	
Albumin	3.4-5.0	N/A	N/A	
Calcium	8.5-10.1	N/A	7.7	Hypocalcemia can occur after surgeries with blood loss. This can also occur with PH balance being off. (Corbett & Banks, 2019)
Mag	1.6-2.6	N/A	N/A	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.2-1.0	N/A	N/A	
Alk Phos	45-117	N/A	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				***No culture completed for this pt
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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 cultures completed for this pt
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

HSHS St. Anthony's Memorial Hospital (2020). *Reference Range (lab value).* Effingham, IL.

Jane Vincent Corbett, & Angela Denise Banks. (2019). *Laboratory tests and diagnostic procedures : with nursing diagnoses*. Pearson.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

***No diagnostic tests were completed/scheduled**

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

Medications (5 required)

Brand/Generic	Zofran/	Norco/	Dilaudid/	Colace/	Sodium

	Ondansetron	Hydrocodone-acetaminophine	Hydromorphone	Docusate Sodium	Chloride 0.9% infusion
Dose	4 mg	1 tablet	1 mg	100 mg	10 mL/hr
Frequency	Q 6 hrs PRN	Q 4 hrs PRN	Q 2 hrs PRN	2x daily	Continuous
Route	Intravenous	Oral	Intravenous	Oral	Intravenous
Classification	Antiemetic	Opioid analgesic	Opioid analgesic	Stool softener	Nonpyrogenic solution
Mechanism of Action	Block serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestines.	Blocks receptors on nerve cells in the brain that will give off the sensation of pain. Blocks pain and reduces fever.	Could bind with opioid receptors in spinal cord and higher levels in the CNS. Stimulates kappa and mu receptors (alter perception of/emotional response to pain.	Acts as a surfactant that will soften stool by decreasing surface tension between oil and water in feces.	Replaces lost body fluids and salts. Can act as an irrigation solution.
Reason Client Taking	PRN for his POVN	Pain medication due to TURP	Pain due to TURP	Constipation	To keep vein open
Contraindications (2)	Congenital QT syndrome, hypersensitivity to drug or its components	Respiratory depression, acute/significant bronchial asthma	Opioid nontolerant patients (Dilaudid HP, Exalgo), Acute asthma	Nausea, vomiting	Sodium retention, irrigation during electrosurgical procedures
Side Effects/Adverse Reactions (2)	Hypotension, serotonin syndrome	UTI, hypokalemia	CNS depression, urine retention	Abdominal cramps and distention, syncope	Injection site swelling, fever

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). Jones & Bartlett Learning.

Normal Saline (Sodium Chloride Injection): Uses, Dosage, Side Effects, Interactions, Warning. (2020, August 12). Retrieved October 30, 2020, from https://www.rxlist.com/normal-saline-drug.htm

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and oriented to time, place, and person In no distress Well-kept and groomed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Pink Dry/normal to the touch Warm Normal skin turgor None Lt forearm bruise None 21 Peripheral IV inserted Left forearm: 10/26/20
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical and lymph nodes not palpable; No presence of JVD Pearly gray TM; little cerumen in ear canals Eyes: PERRLA Nose symmetrical; no deviations Intact teeth, gums, and mucosa
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 of S1 and S2 with no murmurs present; no gallops or rubs detected in S3 and S4 NSR Strong, symmetrical pulses Capillary refill: less than 3 seconds None
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations are regular, nonlabored, symmetrical chest expansion, no presence of wheezes or crackles.

GASTROINTESTINAL: **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: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	 Normal diet, no restrictions 6'11" 211 lb. Normoactive bowel sounds in all 4 quadrants; clicks and gurgles are in normal range Last BM: 0500 10/27/20 No CVA tenderness Upon inspection, there were no abnormal findings of distention, incisions, scars, drains, or wounds.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:**	 Orange Clear 1350 mL Catheter placed three weeks ago Foley catheter: 22 fr
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 2** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	 Normal ROM Wears glasses to help see Strength in both upper and lower extremities N- ambulates well by self N- ambulates well by self
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐**	

Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 A&O x3 Mature & appropriate for age Alert (no distress) No neuro deficits
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):**	 Girlfriend Mature, appropriate for age Christian Pt did not mention much about family other than for family history. Pt mentioned his girlfriend was his contact list. He was happy to see her soon.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	83 bpm	114/70 mmHg	18 RR	98.9°F	95%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1110	0-10 Numeric	N/A	0/10	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
***Input was not documented	Urine: 1350 mL

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. Risk for infection	Related to obstruction secondary to TURP AEB prolonged Foley catheter use (three weeks prior).	**1.** Administer antibiotics as indicated **2.** Monitor vital signs to prevent surgical/septic shock	Client will understand precautions to take to reduce the risk of infection before discharge. Pt understands taking vital signs can help prevent future complications from happening.
2. Acute pain	Related to TURP procedure AEB pt having restlessness and trying to get comfortable.	**1.** Provide comfort. Have pt do position changes, diversional activities, relaxation techniques, deep breathing exercises, etc. **2.** Give pt accurate information about catheters, drainage, and bladder spasms	Pt appreciates the quietness the nursing staff gives him. He wants to try to get some more sleep. Pt understands how to drain catheter, clean it, and where to position the bag.

Other References (APA):

Vera, M., (2019, April 11). *6 Prostatectomy Nursing Care Plans.* Retrieved October 30, 2020, from https://nurseslabs.com/6-prostatectomy-nursing-care-plans/3/

Concept Map (20 Points):

Subjective Data

Pt states having urinary retention before TURP procedure on 10/26/20. Pt states, "My pain is a 0/10 for right now, but I'm tired. Just trying to get some sleep."

Nursing Diagnosis/Outcomes

- Risk for infection related to obstruction secondary to TURP as evidence by prolonged Foley catheter use (three weeks prior).
  - Client will understand precautions to take to reduce the risk of infection before discharge.
  - Pt understands taking vital signs can help prevent future complications from happening.
- Acute pain related to TURP procedure as evidence by pt having restlessness and trying to get comfortable.
  - Pt appreciates the quietness the nursing staff gives him. He wants to try to get some more sleep.
  - Pt understands how to drain catheter, clean it, and where to position the bag.
- Deficient fluid volume related to I&O as evidence by pt taking in little fluids with 1350 mL of urine output.
  - Pt understands the importance of fluids and promises to take the required amount of fluids daily.
  - Pt understands keeping the catheter close to the body prevents from the catheter from being pulled out or causing excessive bleeding with clot formation.

Objective Data

Vitals:
BP: 174/70
Pulse- 83 bpm
RR- 20
Temp.- 98.9°F
O2 sat- 97%

Patient Information

A 65-year-old, white, single, male arrived at the hospital on 10/26/20 for retention. He is diagnosed with Transurethral resection of the prostate. Foley catheter has been placed in a few weeks back. Pt has no past medical history. Family history of an enlarge prostate on brother. Pt has a diagnosis of Transurethral Resection of the Prostate.

Chief of complaint is urinary retention, and weakness prior to surgery.

Nursing Interventions

1. Administer antibiotics as indicated.
2. Monitor vital signs to prevent surgical septic shock
3. Provide comfort. Have pt do position changes, diversional activities, and deep breathing exercises.
4. Give pt accurate information about catheters, drainage, and bladder spasms.
5. Encourage fluid intake: 3000 mL/day
6. Anchor catheter in place and avoid any excessive manipulation