

N431 Care Plan # 1  
Lakeview College of Nursing  
Sarah Brown

**Demographics (3 points)**

|  |                                 |                                  |   |
|--|---------------------------------|----------------------------------|---|
| <b>Date of Admission</b><br>10/16/2020 | <b>Patient Initials</b><br>L.P. | <b>Age</b><br>90+                | <b>Gender</b><br>male                           |
| <b>Race/Ethnicity</b><br>Caucasian     | <b>Occupation</b><br>retired    | <b>Marital Status</b><br>widowed | <b>Allergies</b><br>No known allergies<br>(NKA) |
| <b>Code Status</b><br>FULL             | <b>Height</b><br>4'10"          | <b>Weight</b><br>121 lbs         |   |

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

Pneumonia (10/18/2020)

Urinary tract infection (UTI) (10/17/2020)

Dehydration (10/17/2020)

Hypernatremia (10/17/2020)

Cachexia (10/17/2020)

Acute on Chronic renal failure (10/17/2020)

Hospice due to failure to thrive (10/17/2020)

Sepsis (8/11/2020)

Acute respiratory failure (1/19/2020)

Dementia (11/15/2020)

Chronic obstructive pulmonary disease (COPD) (unknown)

Hypertension (unknown)

Cerebral infarct (unknown)

Diaphragmatic hernia (unknown)

Polyosteoarthritis (unknown)

History of type 2 diabetes (unknown)

**Past Surgical History:**

Hip surgery (Right) (1/14/2020)

**Family History:**

The following information was collected from the chart because the client is confused and cannot complete the interview:

This was not located in the chart and client's nurse did not know family history for this client.

**Social History (tobacco/alcohol/drugs):**

The following information was collected from the chart because the client is confused and cannot complete the interview:

“Never smoked or used smokeless tobacco, previous alcohol use, and previous drug use.” Per chart.

**Assistive Devices:**

Wheelchair

**Living Situation:**

Resides at Nursing home.

**Education Level:**

The client is confused and cannot complete the interview, so this information is unknown and was not found in chart. The client's nurse did not have information on the education level of the client.

**Admission Assessment**

**Chief Complaint (2 points):**

The following information was collected from the chart because the client is confused and cannot complete the interview:

Shortness of breath (SOB) and Diminished mental status

**History of present Illness (10 points):**

The following information was collected from the chart because the client is confused and cannot complete the interview:

(10/16/2020) Shortness of Breath and diminished mental status began as this client began to decline while on hospice at the nursing home where he resides. The client's step-daughter, who is Power of Attorney, was called to come to his bedside. The Step-daughter ordered the client to be taken to the hospital to be treated to recover. The client presented to the emergency department with shortness of breath and diminished mental status. No relieving factors or treatments were noted in the chart.

**Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):**

Sepsis

**Secondary Diagnosis (if applicable):**

Dehydration

Urinary tract infection (UTI)

Hypernatremia

Cachexia

Pneumonia

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

### **Pathophysiology**

Sepsis is a body-wide infection that occurs due to a systemic inflammatory response of the body in reaction to an infection that began as localized (Capriotti & Frizzell, 2016). Both the virulence of the pathogen and the host's diminished resistance contribute to the severity of the body's inflammatory response. People who are most susceptible to sepsis are infants, immunocompromised individuals, and older adults. Postoperative infections, abdominal infections, and pneumonia also cause sepsis. This client is 90+, and due to his advanced age, he is susceptible to urinary tract infection, which might have led to his sepsis. This client also has pneumonia that could be the culprit of or a result of the sepsis (Capriotti & Frizzell, 2016). Sepsis is spread through the bloodstream and turns a local infection into a body-wide infection that overwhelms the immune system.

Viral, fungal, parasitic, or bacterial infections all cause sepsis. Bacterial infection stemming from urinary tract infection is the most common cause in older adult clients prone to urinary tract infections (Capriotti & Frizzell, 2016).

Severe sepsis consists of sepsis complicated by an episode of hypotension, renal insufficiency, end-organ dysfunction, evidence of disseminated intravascular coagulation (DIC), or altered mental status (Capriotti & Frizzell, 2016). This client has chronic renal failure and presented to the hospital with altered mental status.

Sepsis is a result of blood clotting changes in endothelial tissue that cause injury to the capillary bed (Taylor et al., 2019). A coagulation and anticoagulation cascade, simultaneously initiated by the vascular injury, can lead to disseminated intravascular coagulation (DIC). Sepsis is a complication of a person with a lowered immunity to pathogens who acquires a pathogen. If

not treated, sepsis leads to severe sepsis, causing disseminated intravascular coagulation (DIC) (Capriotti & Frizzell, 2016).

Once the body is both clotting and unable to clot simultaneously, further complications arise like hypotension that leads to septic shock (Capriotti & Frizzell, 2016). With septic shock, the body dumps epinephrine and cortisol into the bloodstream, raises the blood glucose level and insulin sensitivity. Blood sugars are hard to maintain within normal limits. Increased cardiac activity is a result of intravascular fluid loss and vasodilation. The clotting, vasodilation, and inflammation can lead to severe hypoperfusion of the tissues and ischemia. This combination of insults to the body can cause multiple organ dysfunction syndrome (MODS), a dysfunction of two or more organs or organ systems caused by sepsis. Multiple organ dysfunction syndrome (MODS) is progressive and potentially reversible if treatments can correct the blood volume and tissue perfusion (Capriotti & Frizzell, 2016).

### **Signs and Symptoms**

Signs and symptoms of sepsis consist of alteration in mental status, fever, chills, hypothermia, pain, tenderness, cough, dizziness, headache, stiff neck, abdominal pain, and dysuria (Capriotti & Frizzell, 2016).

### **Expected Findings**

Hypotension or normal blood pressure, alteration in mental state, tachycardia, tachypnea, and fever are all expected findings of sepsis (Capriotti & Frizzell, 2016).

### **Diagnostic and Lab Test**

Chest X-ray to check for pneumonia and ultrasonography or CT to find the infection source. ABG's to check blood gas levels, CBC with differential to look for leukocytosis or

leukopenia, and culture and sensitivity of blood, sputum, and urinalysis may show bacteria. This client's chest X-ray reveals minimal infiltration in the right lung base, the remainder of lungs clear, aneurysmal dilation of thoracic aorta, and pneumonia not ruled out (Capriotti & Frizzell, 2016). This client's urinalysis revealed *Proteus mirabilis*, which causes urinary tract infections (Schaffer & Pearson, 2015).

### Treatments

Maintain a patent airway by assessing the client's airway and intubating client if necessary, administer oxygen, administer fluids to raise blood volume, and administer antibiotics to rid the body of the infection (Capriotti & Frizzell, 2016).

### Pathophysiology References (2) (APA):

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

Schaffer, J. N., & Pearson, M. M. (2015). *Proteus mirabilis and Urinary Tract Infections*. *Microbiology spectrum*, 3(5), 10.1128/microbiolspec.UTI-0017-2013. <https://doi.org/10.1128/microbiolspec.UTI-0017-2013>

Taylor, C., Lynn, P., & Bartlett, J.L. (2019). *Fundamentals of Nursing: The Art and Science of Person-Centered Care*. Wolters Kluwer.

### 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    | Not drawn       | 3.35          | Red blood cells are decreased due to his acute UTI infection (Hinkle & |

|                    |           |           |           |  |
|--------------------|-----------|-----------|-----------|--|
|                    |           |           |           | Cheever, 2018).  |
| <b>Hgb</b>         | 12-15.8   | 14.2      | 10.1      | Low hemoglobin can be cause by sepsis Capriotti, 2016).  |
| <b>Hct</b>         | 36-47     | 44.3      | 30.5      | Low hematacrit can be cause by sepsis Capriotti, 2016).  |
| <b>Platelets</b>   | 140-440   | 143       | 280       | WNL  |
| <b>WBC</b>         | 4-12      | 9.50      | 8.20      | WNL  |
| <b>Neutrophils</b> | 1.60-7.70 | Not drawn | 64.2      | Neutrophils are the most common type of WBC. Neutrophilia can be caused by an infection, inflammation, stress, and some drugs (Capriotti, 2016). |
| <b>Lymphocytes</b> | 1.30-3.20 | Not drawn | 22.4      | Elevation can be caused by an infection, inflammation, stress, and some drugs (Capriotti, 2016).   |
| <b>Monocytes</b>   | 0.20-1.00 | Not drawn | 7.2       | Elevation can be caused by an infection, inflammation, stress, and some drugs (Capriotti, 2016).   |
| <b>Eosinophils</b> | 0-0.40    | Not drawn | 5.0       | Elevation can be caused by an infection, inflammation, stress, and some drugs (Capriotti, 2016).   |
| <b>Bands</b>       | Not drawn | Not drawn | 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  |
|----------------|--------------|-----------------|---------------|--|
| <b>Na-</b>     | 133-144      | 173             | 139           | The reason sodium was high on admission is that the client was dehydrated (Capriotti, 2016).                 |
| <b>K+</b>      | 3.5-5.1      | 5.3             | 3.8           | WNL  |
| <b>Cl-</b>     | 98-107       | 131             | 110           | The client's chloride level could be increased because of acute renal failure (Hinkle & Cheever, 2018).      |
| <b>CO2</b>     | 21-31        | 21              | 21            | WNL  |
| <b>Glucose</b> | 70-99        | 166             | 86            | The client's glucose is increased because he has a history of type 2 diabetes, stress, or an acute infection |

|                    |           |           |           |   |
|--------------------|-----------|-----------|-----------|---|
|                    |           |           |           | (Hinkle & Cheever, 2018).   |
| <b>BUN</b>         | 7-25      | 144       | 19        | The client's BUN level can be increased because of his recent diagnosis of UTI (Capriotti & Frizzell, 2016).                          |
| <b>Creatinine</b>  | 0.50-1.00 | 6.60      | 2.03      | The client's creatinine level can be increased because of his recent diagnosis of UTI and renal failure (Capriotti & Frizzell, 2016). |
| <b>Albumin</b>     | 3.5-5.7   | 3.7       | 2.5       | Hypoalbuminemia can be cause by sepsis (Sun et al., 2015). Because the client's UTI went untreated it progressed into sepsis.         |
| <b>Calcium</b>     | 8.8-10.2  | Not drawn | 7.5       | Hypocalcemia can be caused by malnutrition or because of hypoalbuminemia (Hinkle & Cheever, 2018).                                    |
| <b>Mag</b>         | Not drawn | Not drawn | Not drawn | Not drawn   |
| <b>Phosphate</b>   | 2.5-4.5   | Not drawn | Not drawn | Not drawn   |
| <b>Bilirubin</b>   | 0.2-0.8   | Not drawn | Not drawn | Not drawn   |
| <b>Alk Phos</b>    | 34-104    | 76        | 56        | WNL   |
| <b>AST</b>         | 13-39     | Not drawn | Not drawn | Not drawn   |
| <b>ALT</b>         | 7-52      | Not drawn | Not drawn | Not drawn   |
| <b>Amylase</b>     | N/A       | Not drawn | Not drawn | Not drawn   |
| <b>Lipase</b>      | N/A       | Not drawn | Not drawn | Not drawn   |
| <b>Lactic Acid</b> | N/A       | Not drawn | Not drawn | Not drawn   |
| <b>Troponin</b>    | N/A       | Not drawn | Not drawn | Not drawn   |
| <b>CK-MB</b>       | N/A       | Not drawn | Not drawn | Not drawn   |
| <b>Total CK</b>    | N/A       | Not drawn | 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          | Not drawn     | Not drawn           |
| PT            | 10.1-13.1   | Not drawn          | Not drawn     | Not drawn           |
| PTT           | 25-36   | Not drawn          | Not drawn     | Not drawn           |
| D-Dimer       | N/A   | Not drawn          | Not drawn     | Not drawn           |
| BNP           | Less than 450 pg/mL for patients aged 75-99 years | 138                | Not drawn     | WNL                 |
| HDL           | Not drawn   | Not drawn          | Not drawn     | Not drawn           |
| LDL           | Not drawn   | Not drawn          | Not drawn     | Not drawn           |
| Cholesterol   | Not drawn   | Not drawn          | Not drawn     | Not drawn           |
| Triglycerides | Not drawn   | Not drawn          | Not drawn     | Not drawn           |
| Hgb A1c       | Not drawn   | Not drawn          | Not drawn     | Not drawn           |
| TSH           | Not drawn   | Not drawn          | 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  | Clear and Colorless | Amber turbid       | Not drawn     | The client has been diagnosed with a UTI which would cause a color and clarity change of the urine (Pagana & Pagana, 2010). |
| pH               | 5.0-9.0             | 5.0                | Not drawn     | WNL   |
| Specific Gravity | 1.003-1.030         | 1.024              | Not drawn     | WNL   |

|                      |          |          |           |   |
|----------------------|----------|----------|-----------|---|
| <b>Glucose</b>       | Negative | Negative | Not drawn | WNL   |
| <b>Protein</b>       | Negative | Negative | Not drawn | WNL   |
| <b>Ketones</b>       | Negative | Negative | Not drawn | WNL   |
| <b>WBC</b>           | Negative | 51-150   | Not drawn | An increased number of WBC in the urine can be caused by an infection, in the case of the Pt, his UTI (Hinkle & Cheever, 2018).   |
| <b>RBC</b>           | Negative | 3-5      | Not drawn | Blood in the urine can be caused by a UTI   |
| <b>Leukoesterase</b> | Negative | 1+       | Not drawn | Leukoesterase is an enzyme found in WBC. The Pt WBC count is high causing the leukoesterase to be positive. The cause is due to an infection, UIT (Hinkle & Cheever, 2018). |
|                      |          |          |           |   |
|                      |          |          |           |   |

**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  |
|--------------|------------------|--------------------|---------------|--|
| <b>pH</b>    | 7.35-7.45        | 7.44               | Not drawn     | WNL  |
| <b>PaO2</b>  | 80-100 mmHg      | 59                 | Not drawn     | This is low due to poor tissue perfusion due to sepsis Capriotti, 2016). |
| <b>PaCO2</b> | 35-45 mmHg       | 23                 | Not drawn     | This is low due to poor tissue perfusion due to sepsis Capriotti, 2016). |
| <b>HCO3</b>  | 22.0-26.0 mmol/L | 15.4               | Not drawn     | This is low due to poor tissue perfusion due to sepsis Capriotti, 2016). |
| <b>SaO2</b>  | 95-100%          | 89                 | Not drawn     | This is low due to poor tissue perfusion due to sepsis Capriotti, 2016). |

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   |
|-----------------------|-------------------------|--------------------|---------------|---|
| <b>Urine Culture</b>  | Culture and sensitivity | 20,000 CFU/ML      | Not drawn     | The client has been diagnosed with a UTI which would cause a color and clarity change of the urine. |
| <b>Blood Culture</b>  | No growth               | No growth          | Not drawn     | WNL   |
| <b>Sputum Culture</b> | Not ordered             | N/A                | N/A           | N/A   |
| <b>Stool Culture</b>  | Not ordered             | N/A                | N/A           | N/A   |

#### Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. F.A. Davis Company.

Feenstra, R. A., Kiewiet, M. K. P., Boerma, E. C., & ter Avest, E. (2014). Lactic acidosis in diabetic ketoacidosis. *BMJ Case Reports*, 2014

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3962942/>

Hinkle, J.L., & Cheever, K. H. (2018). *Burnner & Suddarth's Textbook of Medical-Surgical Nursing* (14<sup>th</sup> ed.). Wolters Kluwer.

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

Sun, J., Sun, F., Wang, X., Yuan, S., Zheng, S., & Mu, X. (2015). Risk factors and prognosis of hypoalbuminemia in surgical septic patients. *PeerJ (San Francisco, CA)*, 3, e1267.

Retrieved from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636415/#\\_sec10title](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636415/#_sec10title)

### **Diagnostic Imaging**

#### **All Other Diagnostic Tests (5 points):**

(10/16) Chest X-Ray

(10/17) Read and results are:

“minimal infiltration noted in right base, rest of lungs are clear.”

“aneurysmal dilation of chronic aorta noted”

“cardiac size is within normal limits. Pneumonia is not ruled out. Left lung is grossly clear.”

(10/16) 12-Lead EKG (reason ordered = shortened of breath)

(10/18) Read and results are:

“sinus tachycardia, nonspecific ST abnormality, and abnormal ECG.”

#### **Diagnostic Test Correlation (5 points):**

(10/16) Chest X-Ray ordered due to shortness of breath; this diagnostic test is regularly ordered to check for pneumonia. 12-Lead EKG ordered due to shortness of breath. The EKG will rule out cardiac complications that may present with only shortness of breath and not chest pain (Pagana & Pagana, 2010).

#### **Diagnostic Test Reference (APA):**

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

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

**Home Medications (5 required)**

|                           |                            |   |                               |                         |  |                     |
|---------------------------|----------------------------|---|-------------------------------|-------------------------|--|---------------------|
| <b>Brand/<br/>Generic</b> | <b>Brand/<br/>Generic</b>  | Tylenol/Acetaminophen                     | Aspirin                       | dulcolax/<br>bisacodyl  | Vitamin D/<br>cholecalciferol                | Magnesium hydroxide |
|                           | <b>Dose</b>                | 650 mg                                    | 81 mg                         | 10mg                    | 1000 unit tab                                | 30 mL               |
|                           | <b>Frequency</b>           | Q6H PRN                                   | Monday, Wednesday, and Friday | PRN                     | daily  | Daily PRN           |
|                           | <b>Route</b>               | PO  | PO                            | rectal                  | PO   | PO                  |
|                           | <b>Classification</b>      | Anti-inflammatory; analgesic              | Analgesic; antiplatelet       | laxative                | vitamin                                      |                     |
|                           | <b>Mechanism of Action</b> | Inhibits activation pain receptors in CNS | Inhibits platelet             | Stimulates peristalsis; | Stimulates absorption in the small intestine |                     |
|                           |                            |   |                               |                         |  |                     |

|   |   |  |  |   |                             |  |
|---|---|--|--|---|-----------------------------|--|
|   |   | pathways   | aggregation  | alters water and electrolyte secretion    |                             |  |
| <b>Reason Client Taking</b>               | <b>Control pain</b>   |  | <b>Prevent clots</b>   | <b>constipation</b>                       | <b>Vitamin D deficiency</b> |  |
| <b>Contraindications (2)</b>              | <b>Hypersensitivity; hepatic impairment</b>                     | <b>Asthma; rhinitis</b>                                      | <b>Hemorrhoids; Past bowel perforation</b>                                   | <b>Hypercalcemia; hyperparathyroidism</b> |                             |  |
| <b>Side Effects/Adverse Reactions (2)</b> | <b>Nausea; rash</b>   | <b>Heart burn; dyspepsia</b>                                 | <b>Abdominal discomfort; diarrhea</b>  | <b>Rash; tachycardia</b>                  |                             |  |
| <b>Nursing Considerations (2)</b>         | <b>Encourage fluid intake; May interact with anticoagulants</b> | <b>Can be used for chest pain; antacids can help prevent</b> | <b>Insert into rectum pointed end first; can be used as a suppository or</b> | <b>Hypercalcemia can occur;</b>           |                             |  |

|  |  |  |  |                             |  |  |
|--|--|--|--|-----------------------------|--|--|
|  |  |  | gastri<br>c<br>upset   | enema                       |  |  |
| <b>Key Nursing Assessment (s)/Lab(s) Prior to Administration</b> | <b>Monitor for allergic reaction; monitor liver enzymes</b>  | <b>Monitor coagulation labs</b>  | <b>Monitor electrolyte levels</b>  | <b>Monitor calcium labs</b> |  |  |
| <b>Client Teaching needs (2)</b>                                 | <b>Educate the patient on how often to take this medication safely; Educate the patient on when to come into the hospital if pain does not subside</b> | <b>Advise patient to take with food to prevent stomach upset; Educate patient to swallow the aspirin whole</b> | <b>Educate patient not to take medication within an hour of consuming dairy; Advise client to store this medication away from humidity</b> |                             |  |  |

**Hospital Medications (5 required)**

|                                |                 |   |               |   |                           |
|--------------------------------|-----------------|---|---------------|---|---------------------------|
| <b>Brand/Generic</b>           | Zosyn           | Dextrose<br>5% KCl<br>20mEq<br>infusion | Folic<br>acid | Humalog/<br>insulin<br>lispro                       | Ipratropium-<br>albuterol |
| <b>Dose</b>                    |                 | 100mL/hr                                | 1<br>mg       | 2-12<br>units                                       | 3 mL                      |
| <b>Frequency</b>               | once            | Continuo<br>us                          | dail<br>y     | 4 times<br>a day<br>with<br>meals<br>and<br>nightly | 4 times<br>daily          |
| <b>Route</b>                   |                 | IV                                      | IV            | SQ  | INH                       |
| <b>Classification</b>          | antibioti<br>cs |   |               |   |                           |
| <b>Mechanism of<br/>Action</b> |                 |   |               |   |                           |

|                              |   |            |  |  |  |  |  |  |  |
|------------------------------|---|------------|--|--|--|--|--|--|--|
|                              | <b>Reason Client Taking</b>                                     | <b>UTI</b> |  |  |  |  |  |  |  |
|                              | <b>Contraindications (2)</b>                                    |            |  |  |  |  |  |  |  |
|                              | <b>Side Effects/Adverse Reactions (2)</b>                       |            |  |  |  |  |  |  |  |
|                              | <b>Nursing Considerations (2)</b>                               |            |  |  |  |  |  |  |  |
|                              | <b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b> |            |  |  |  |  |  |  |  |
|                              | <b>Client Teaching needs (2)</b>                                |            |  |  |  |  |  |  |  |
| <b>Dose</b>                  |   |            |  |  |  |  |  |  |  |
| <b>Frequency</b>             |   |            |  |  |  |  |  |  |  |
| <b>Route</b>                 |   |            |  |  |  |  |  |  |  |
| <b>Classification</b>        |   |            |  |  |  |  |  |  |  |
| <b>Mechanism of Action</b>   |   |            |  |  |  |  |  |  |  |
| <b>Reason Client Taking</b>  |   |            |  |  |  |  |  |  |  |
| <b>Contraindications (2)</b> |   |            |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
| <b>Side Effects/Adverse Reactions (2)</b>                        |  |  |  |  |  |
| <b>Nursing Considerations (2)</b>                                |  |  |  |  |  |
| <b>Key Nursing Assessment (s)/Lab(s) Prior to Administration</b> |  |  |  |  |  |
| <b>Client Teaching needs (2)</b>                                 |  |  |  |  |  |

**Hospital Medications (5 required)**

|                             |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| <b>Brand/Generic</b>        |  |  |  |  |  |
| <b>Dose</b>                 |  |  |  |  |  |
| <b>Frequency</b>            |  |  |  |  |  |
| <b>Route</b>                |  |  |  |  |  |
| <b>Classification</b>       |  |  |  |  |  |
| <b>Mechanism of Action</b>  |  |  |  |  |  |
| <b>Reason Client Taking</b> |  |  |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Contraindications (2)</b>                                    |  |  |  |  |  |
| <b>Side Effects/Adverse Reactions (2)</b>                       |  |  |  |  |  |
| <b>Nursing Considerations (2)</b>                               |  |  |  |  |  |
| <b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b> |  |  |  |  |  |
| <b>Client Teaching needs (2)</b>                                |  |  |  |  |  |

**Medications Reference (APA):**

Jones & Barlett Learning. (2020). *2020 Nurses’s drug handbook* (19<sup>th</sup> ed.).

**Assessment**

**Physical Exam (18 points)**

|  |   |
|--|---|
| <b>GENERAL (1 point):</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Distress:</b><br><b>Overall appearance:</b>  | AOX1, client is not really alert or oriented. Client is confused, doesn’t make good eye contact, and is not able to answer interview questions. Client is sleeping and not in distress.                                 |
| <b>INTEGUMENTARY (2 points):</b><br><b>Skin color:</b><br><b>Character:</b><br><b>Temperature:</b><br><b>Turgor:</b><br><b>Rashes:</b><br><b>Bruises:</b><br><b>Wounds:</b><br><b>Braden Score:</b><br><b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br><b>Type:</b> | Skin is warm, dry, and intact. Client is under several blankets to remain warm. Turgor is poor. No noted rashes. There are several purple colored bruises on both arms. No noted wounds. Pt has a Braden Score of : 12. |
| <b>HEENT (1 point):</b><br><b>Head/Neck:</b><br><b>Ears:</b><br><b>Eyes:</b><br><b>Nose:</b><br><b>Teeth:</b>  | Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. There were no abnormalities are noted.  |

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| <p><b>CARDIOVASCULAR (2 points):</b><br/> <b>Heart sounds:</b><br/> <b>S1, S2, S3, S4, murmur etc.</b><br/> <b>Cardiac rhythm (if applicable):</b><br/> <b>Peripheral Pulses:</b><br/> <b>Capillary refill:</b><br/> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Location of Edema:</b></p>   | <p>Clear S1 and S2 without murmurs, gallops, or rubs auscultated. According to the cardiac monitor the patient is in sinus tachycardia with a HR of 110 bpm with a regular rhythm. The Pt's nailbeds appear pale but peripheral pulses are present and strong in all four extremities. There is no peripheral edema present.</p> |
| <p><b>RESPIRATORY (2 points):</b><br/> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Breath Sounds: Location, character</b></p>  | <p>Respirations are regular, even, and nonlabored symmetrically, with an equal rate and quality bilaterally. No wheezes or crackles noted in left lung, and crackles in the base of the right lung.</p>  |
| <p><b>GASTROINTESTINAL (2 points):</b><br/> <b>Diet at home:</b><br/> <b>Current Diet</b><br/> <b>Height:</b><br/> <b>Weight:</b><br/> <b>Auscultation Bowel sounds:</b><br/> <b>Last BM:</b><br/> <b>Palpation: Pain, Mass etc.:</b><br/> <b>Inspection:</b><br/>         <b>Distention:</b><br/>         <b>Incisions:</b><br/>         <b>Scars:</b><br/>         <b>Drains:</b><br/>         <b>Wounds:</b><br/> <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Size:</b><br/> <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/>         <b>Type:</b></p> | <p>The client has been placed on a diabetic diet with honey thick liquids but is not consuming much. The client's abdomen is not distended with normoactive bowel sounds heard in all four quadrants. The abdomen is soft and nontender.</p>   |
| <p><b>GENITOURINARY (2 Points):</b><br/> <b>Color:</b><br/> <b>Character:</b><br/> <b>Quantity of urine:</b><br/> <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/><br/> <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>Inspection of genitals: not performed</b><br/> <b>Catheter:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/>         <b>Type: in dwelling single lumen</b><br/>         <b>Size: 16</b></p>  | <p>The client has voided 200 mL of concentrated, cloudy, dark yellow urine over the last 4 hours.</p>  |

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| <p><b>MUSCULOSKELETAL (2 points):</b><br/> <b>Neurovascular status:</b><br/> <b>ROM:</b><br/> <b>Supportive devices:</b><br/> <b>Strength:</b><br/> <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Fall Score:</b><br/> <b>Activity/Mobility Status:</b> total assist<br/> <b>Independent (up ad lib)</b> <input type="checkbox"/><br/> <b>Needs assistance with equipment</b> <input type="checkbox"/> y<br/> <b>Needs support to stand and walk</b> <input type="checkbox"/></p> | <p>.</p> <p>The client's ROM is not great and Fall Score of 50.</p>  |
| <p><b>NEUROLOGICAL (2 points):</b><br/> <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/><br/> <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/><br/> <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -<br/> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/><br/> <b>Orientation:</b> AOx1<br/> <b>Mental Status:</b><br/> <b>Speech:</b><br/> <b>Sensory:</b><br/> <b>LOC:</b></p>  | <p>.</p> <p>The client has decreased alertness, he moans and opens his eyes when moderately shaken. The client is oriented to person but not to place or time.</p> |
| <p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b><br/> <b>Coping method(s):</b><br/> <b>Developmental level:</b><br/> <b>Religion &amp; what it means to pt.:</b><br/> <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>  | <p>.</p> <p>This information is unknown as the client is not able to interview.</p>  |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P    | Resp Rate | Temp  | Oxygen |
|------|-------|--------|-----------|-------|--------|
| 1600 | 110   | 140/89 | 19        | 98.3F | 97     |
| 1716 | 92    | 138/86 | 20        | 98.1F | 96     |

**Vital Sign Trends:**

**Pain Assessment, 2 sets (2 points)**

| <b>Time</b> | <b>Scale</b> | <b>Location</b>                    | <b>Severity</b> | <b>Characteristics</b> | <b>Interventions</b> |
|-------------|--------------|------------------------------------|-----------------|------------------------|----------------------|
| 1600        | 1-10         | The client is unable to rate pain. | N/A             | N/A                    | N/A                  |
| .1716       | 1-10         | N/A                                | N/A             | N/A                    | N/A                  |

**IV Assessment (2 Points)**

| <b>IV Assessment</b>   | <b>Fluid Type/Rate or Saline Lock</b> |
|--|---------------------------------------|
| <b>Size of IV: 22</b><br><b>Location of IV: left upper arm</b><br><b>Date on IV: 10/25/2020</b><br><b>Patency of IV: patent</b><br><b>Signs of erythema, drainage, etc.: No signs of erythema or drainage</b><br><b>IV dressing assessment: clean, dry, and intact</b> |                                       |

**Intake and Output (2 points)**

| <b>Intake (in mL)</b> | <b>Output (in mL)</b> |
|-----------------------|-----------------------|
| 100mL/hr x4=400 mL    | 200 ml                |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:**

**Procedures/testing done:**

**Complaints/Issues:**

**Vital signs (stable/unstable):**

**Tolerating diet, activity, etc.:**

**Physician notifications:**

**Future plans for patient:**

**Discharge Planning (2 points)**

**Discharge location:**

**Home health needs (if applicable):**

**Equipment needs (if applicable):**

**Follow up plan:**

**Education needs:**

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

| <p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul> | <p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul> | <p><b>Intervention (2 per dx)</b></p>  | <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> |
|---|---|--|--|
| <p><b>1.</b></p> <p>Impaired Gas Exchange related to sepsis as evidenced by interference with oxygen delivery and utilization in the tissues</p>                      | <p>Impaired gas exchange will lead to death</p>   | <p><b>1.</b> Monitor respiratory rate and depth. Note use of accessory muscles or work of breathing.<br/><b>2.</b> Reposition client frequently. Encourage coughing and deep-breathing exercises. Suction, as indicated.</p> | <p>Recorded O2 with vitals and assessment</p>  |
| <p><b>2.</b></p> <p>Risk for opportunistic infections related to Compromised immune system as evidenced by sepsis after UTI</p>                                       | <p>Adding more infections will not fair well for this client’s health</p>   | <p><b>1.</b> Assess client for a possible source of infection<br/><b>2.</b> Maintain sterile technique when changing dressings, suctioning, and providing site care, such as an invasive line or a</p>                       | <p>accomplished</p>  |

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|  |  | urinary catheter.   |   |
| <p><b>3.</b></p> <p>Risk for Shock related to Reduction of arterial/venous blood flow: selective vasoconstriction, vascular occlusion–intimal damage, microemboli.</p>   | Shock will lead to death                               | <p>1 Monitor trends in blood pressure (BP), especially noting progressive hypotension and widening pulse pressure.</p> <p>2 Note quality and strength of peripheral pulses.</p> | Recorded blood pressure and peripheral pulses with assessment |
| <p><b>4.</b></p> <p>Risk for Deficient Fluid Volume related to Capillary permeability with fluid leaks into the interstitial space (third spacing). Marked increase in vascular compartment, massive vasodilation.</p> | Fluid volume deficiency will affect all organ systems. | <p>1. Measure and record urinary output and specific gravity.</p> <p>2. Monitor blood pressure and heart rate.</p>  | Recorded I & O and blood pressure.                            |

**Other References (APA):**

Swearingen, P.L., & Wright, J.D. (2019). *All-in-One Nursing Care Planning Resource* (5<sup>th</sup> ed). Elsevier.

**Concept Map (20 Points):**

**Subjective Data**

None due to client confusion and unable to interview

**Nursing Diagnosis/Outcomes**

**Objective Data:**

(10/16) Chest X-Ray  
(10/17) Read and results are:  
“minimal infiltration noted in right base, rest of lungs are clear.”  
“aneurysmal dilation of chronic aorta noted”  
“cardiac size is within normal limits.  
Pneumonia is not ruled out. Left lung is grossly clear.”

**Patient Information**

90+, male  
UTI, sepsis  
Renal Failure  
SOB  
AMS

**Nursing Interventions**





