

N311 Care Plan #4 JT  
Lakeview College of Nursing  
Kenny Johnson

**Demographics (5 points)**

<b>Date of Admission</b> Feb. 8 2019	<b>Patient Initials:</b> JT	<b>Age:</b> 60	<b>Gender:</b> Male
<b>Race/Ethnicity</b> White	<b>Occupation</b> Taxi Driver	<b>Marital Status</b> Never Married	<b>Allergies</b> Lipitor
<b>Code Status</b> Full Code	<b>Height</b> 67 inches	<b>Weight</b> 105 kg	

**Medical History (5 Points)**

**Past Medical History:** Multiple sclerosis, dysphagia, oral phase, pyothorax w/out fistula, paraplegia, UTI, generalized edema, sepsis, HTN, neuromuscular dysfunction of bladder, GERD, major depressive disorder, cellulitis of chest wall, insomnia, atherosclerotic heart disease of native coronary artery w/out angina pectoris, hypokalemia, hyperlipidemia, constipation, trigeminal neural.

**Past Surgical History:** Supra pubic catheter, appendectomy.

**Family History:** Mother COPD from smoking, no info on father.

**Social History (tobacco/alcohol/drugs):** Smoked 2 packs a day until 20 years ago, Crack cocaine 30 years ago, no alcohol.

**Admission Assessment**

**Chief Complaint (2 points):** Pain in right hand

**History of present Illness (10 points): Onset:** Started about 10 years ago. **Location:** Pt's right hand. **Duration:** Pt reports "it is constant and doesn't go away no matter what I do".

**Characteristics:** Pt describes the pain as a dull pain. **Aggravating factors:** Pt reports none.

**Relief:** The patient reports that straightening his right arm relieves the pain. **Treatment:** Pt takes medication for pain and is given Tylenol PRN.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Multiple Sclerosis

**Secondary Diagnosis (if applicable):**

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

Multiple Sclerosis (MS) is an autoimmune disease where the body attacks the white matter of the brain (Schub & Pravikoff, 2018). Antibodies created by the body attack the myelin of motor axons in the brain. Once parts of the myelin sheath deteriorate, scar tissue known as gliotic plaques form. These hardened plaques cause interference in the flow of electrical impulse that moves through axons. This causes neurological damage which inhibits (Capriotti & Frizzell, 2016).

The signs and symptoms of MS are degenerative over time and include sensory deficits such as numbness throughout the body and vision impairments. Other symptoms include bowel and bladder dysfunction, motor deficits (such as tremors, weakness, fatigue, dizziness, and poor coordination), and neurological deficits such as impaired memory, reduced anxiety, depression, and reduced attention span (Schub & Pravikoff, 2018). The patient JT is functionally incontinent (suprapubic catheter), immobile (use of Hoyer lift), and has a diet of thin liquids through a straw due to dysphagia.

Diagnostic testing that may be used include; a lumbar puncture, CBC, serum level tests for B-12, vitamin d, copper, zinc, and kidney function tests (BUN, creatinine, etc.). Other diagnostic studies include CT scan and MRIs to try and capture a picture of the plaque (Schub & Pravikoff, 2018).

Treatment options include range of motion (ROM) exercises daily, proper positioning, and medications to help with symptoms such as pain, spasticity, and fatigue (Schub & Pravikoff, 2018). JT does active ROM with his right upper extremity twice a day for 10 reps. He does passive ROM exercises with his left upper extremity and his lower extremities twice a day for 10 reps each. JT takes Bisacodyl to help treat his constipation (Schub & Pravikoff). He also takes; Gabapentin and Carbamazepine to help with tremors, seizures, and nerve pain, Furosemide to help his kidneys rid the amount of fluid in his veins, and Citalopram hydrobromide which is a selective serotonin reuptake inhibitory (SSRI) that helps with depression (Capriotti & Frizzell, 2016). Repositioning JT where his right arm is extended on pillows helps to relieve his pain.

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

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

Schub, T., & Pravikoff, D. (2018). Multiple Sclerosis. Glendale, CA, Cinahl Information Systems. *Nursing Reference Center Plus*. Retrieved from <http://ezproxy.lakeviewcol.edu:2090/nup/detail/detail?vid=11&sid=26547d27-11f0-4fe2-9f1875373781017a%40sessionmgr103&bdata=JnNpdGU9bnVwLWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#AN=T703193&db=nup>

### 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	4-4.9		4.37	
Hgb	12-16		10.4	Congruent with UTI and cellulitis of chest wall. (Capriotti and Frizzell, 2016)
Hct	37-48%		33.4	Congruent with UTI and cellulitis of chest wall. (Capriotti and Frizzell, 2016)
Platelets	150-400		440	Congruent with UTI and cellulitis of chest wall. (Capriotti and Frizzell, 2016)
WBC	4.1-10.9		9.8	
Neutrophils	1.5-7.70		.8-3.4	
Lymphocytes	1-4.90		1.80	
Monocytes	.0-.80		.0-.9	
Eosinophils	0-.50		.20	
Bands			-	

**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		144	
K+	3.5-5.1		3.2	Congruent finding for Pt diagnosis of Hypokalemia (Capriotti & Frizzell).  Furosemide can reduce potassium

				levels (Jones & Bartlett Learning, 2020)
Cl-	98-107		104	
CO2	21-32		31.1	
Glucose	60-99		78	
BUN	5-20		9	
Creatinine	.5-1.5		.9	
Albumin	3.4-5.4		3.3	Congruent with the Pt's diagnosis of atherosclerotic heart disease of native coronary artery w/out angina pectoris and cellulitis of the chest wall. (Capriotti & Frizzell).
Calcium	8.5-10.1		8.5	
Mag	-		-	
Phosphate	-		-	
Bilirubin	.1-1.2		.2	
Alk Phos	44-147		102	

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 yellow		Straw/Hazy	Congruent finding for UTI (Capriotti & Frizzell, 2016).
pH	5-9		7.0	
Specific Gravity	1.003-1.030		1.004	
Glucose	Normal		Normal	

<b>Protein</b>	-		-	
<b>Ketones</b>	-		-	
<b>WBC</b>	0-2		3	Congruent finding for UTI (Capriotti & Frizzell, 2016).
<b>RBC</b>	0-3		2	
<b>Leukoesterase</b>	Negative		3+	Congruent finding for UTI (Capriotti & Frizzell, 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>	Normal		Normal	
<b>Blood Culture</b>	Normal		Normal	
<b>Sputum Culture</b>	Normal		Normal	
<b>Stool Culture</b>	Normal		Normal	

**Lab Correlations Reference (APA):**

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

Jones & Bartlett Learning (2020). *2020 nurse's drug handbook*. Burlington, MA: Jones & Bartlett Learning.

### Diagnostic Imaging

#### All Other Diagnostic Tests (10 points):

<b>Brand/Generic</b>	Carbamazepine 200mg tablet	Citalopram hydrobromide 200mg tablet	Furosemide 20mg tablet	Gabapentin 300mg Capsule	Bisacodyl 10mg
<b>Dose</b>	2 tablets	1 tablet	1 tablet	1 capsule	1 suppository
<b>Frequency</b>	2x day	1x day	1x day	2x day	1x a day
<b>Route</b>	PO	PO	PO	PO	Rectally
<b>Classification</b>	Analgesic/ Anticonvulsant	Selective Serotonin Reuptake Inhibitor (SSRI)	Loop Diuretic	Anticonvulsant	Stimulant Laxative
<b>Mechanism of Action</b>	Stops seizures by blocking sodium channels. This slows nerve impulse transmission which slows down the rate that the neurons are firing at.	Blocks serotonin reuptake which increases serotonin levels at the synapse. This elevates mood and reduces depression.	Inhibits sodium and water reabsorption which increase urine formation. Decreases blood pressure and overall cardiac output by reducing the volume of intracellular and extracellular fluid.	Drug is structurally similar to Gamma-aminobutyric acid (GABA) which inhibits the rapid firing of neurons associated with seizures.	Stimulates enteric nerves to cause peristalsis. Increases fluid and salt secretion in the body.
<b>Reason Client Taking</b>	Helps treat tremors related to Pt's multiple sclerosis.	Helps treat symptoms of Pt's major depressive disorder (MDD).	Helps treat Pt's generalized edema.	Helps treat seizures and pain related to Pt's MS.	Helps treat Pt's constipation .
<b>Contraindications (2)</b>	History of bone marrow depression.  Concurrent therapy with delavirdine or nefazodone.	Hypersensitivity to citalopram.  Use with pimozide therapy.	Anuria and hypersensitivity to furosemide.	Hypersensitivity to gabapentin or its components.	Intestinal obstruction.  Ileus (bowel is unable to contract).

<b>Side Effects/Adverse Reactions (2)</b>	Chills, fatigue, dizziness, headache abdominal pain, constipation, and diarrhea.	Agitation, Drowsiness, suicidal ideation, and apathy.	Hyperglycemia , blurred vision, headache, fever, weakness, and restlessness.	Melena, anaphylaxis, agitation, lack of coordination, and paranoia.	Stomach cramps, nausea, vomiting, diarrhea, and vertigo.
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**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

**Medications Reference (APA):**

Jones & Bartlett Learning (2020). *2020 nurse's drug handbook*. Burlington, MA: Jones & Bartlett Learning.

The American Society of Health-System Pharmacists. (2020). Bisacodyl: MedlinePlus Drug Information. Retrieved November 1, 2020, from <https://medlineplus.gov/druginfo/meds/a601027.html>

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL:</b>  <b>Alertness:</b>  <b>Orientation:</b>  <b>Distress:</b>  <b>Overall appearance:</b></p>	<p>AOx3, no acute distress noted, and well groomed.</p>
<p><b>INTEGUMENTARY:</b>  <b>Skin color:</b> Pink  <b>Character:</b> dry  <b>Temperature:</b> warm  <b>Turgor:</b> normal mobility  <b>Rashes:</b> none  <b>Bruises:</b> None  <b>Wounds:</b> RLQ Scar  <b>Braden Score:</b> 15  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Skin is pink, dry, and warm, with normal mobility. No rashes or bruises noted. Scar on RLQ from previous appendectomy. Braden score of 15.</p>
<p><b>HEENT:</b>  <b>Head/Neck:</b>  <b>Ears:</b>  <b>Eyes:</b>  <b>Nose:</b>  <b>Teeth:</b></p>	<p>Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and strong. No lymphadenopathy in the head or neck is noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex present bilaterally. Septum is midline, turbinates are moist and pink bilaterally and no visible bleeding or polyps. Bilateral frontal sinuses are nontender to palpation. Bilateral auricles pink and moist, bilateral pearly grey TMs, and missing teeth.</p>
<p><b>CARDIOVASCULAR:</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b> 2+ bilaterally  <b>Capillary refill:</b> Less than 3 seconds  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Pulses are 2+ throughout bilaterally. No edema inspected or palpated in all extremities, Homan's sign is negative bilaterally. Capillary refill less than 3 seconds finger and toes bilaterally. Epitrochlear lymph nodes nonpalpable bilateral upper arms. S1 and S2 without S3, S4, or murmurs heard.</p>

<p><b>RESPIRATORY:</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p>	<p>Clear breath sounds in all lobes.</p>
<p><b>GASTROINTESTINAL:</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars: RLQ</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b></p>	<p>No added salt diet (patient does not adhere). Patient is 67 in. tall and is 105 kg. 5-30 gurgles/min. in each abdominal quadrant. Patient reports last BM yesterday. No distention noted. Scar in RLQ from previous appendectomy.</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b> Straw-colored  <b>Character:</b> Hazy  <b>Quantity of urine:</b> 200 mL  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b> Normal  <b>Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>              <b>Type:</b> Suprapubic              <b>Size:</b> 12 Fr</p>	<p>200 mL of Straw colored, hazy urine. Genitals are dry, pink and without any lesions or rashes. Suprapubic catheter 12 fr. Clean, dry, and intact dressing at catheter site.</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b> Alert  <b>ROM:</b> Active in right upper extremity. Passive right upper extremity and lower extremities bilaterally  <b>Supportive devices:</b> Hoyer lift  <b>Strength:</b>  <b>ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Fall Score:</b> 15  <b>Activity/Mobility Status:</b> Immobile</p>	<p>Alert, active ROM in right upper extremity, mobility limitations to lower extremities bilaterally. Needs assistance with equipment. Normal strength of right upper extremity. Weak strength of left upper extremity and bilateral lower extremities. Mobility status is immobile.</p>

<p><b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL:</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input checked="" type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b> AOx3  <b>Mental Status:</b> Normal  <b>Speech:</b> Normal and coherent  <b>LOC:</b> Conscious</p>	
<p><b>PSYCHOSOCIAL/CULTURAL:</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>Pt copes by watching TV, praying, and reading the bible. Patient is the president of the resident council. Aunt and uncle visit every other weekend. Pt reports they used to visit every other day when he was living in the Paris facility, but he is glad that he chose to leave that facility.</p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00 AM	88	176/78	18	97.7 F 36.5 C	98%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
10:00 AM	0-10	Right hand	8	Dull Pain	Pain meds prescribed along with Tylenol PRN. Reposition so right arm is straight and lying on pillows.

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
120 mL	200 mL

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>		<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>1. Chronic Pain related to Multiple Sclerosis as evidenced by Pt pain score of 8 and description being a dull pain.</p>	<p>Pt reports a dull pain 8-10 in his right hand.</p>	<p>Reposition Pt to a comfortable position where his right arm is extended and lying on pillows.</p> <p>Administer prescribed Tylenol PRN.</p>	<p>Goal met. Pt is thankful and is more comfortable.</p> <p>Goal met. Pt reports a pain score of 5 after being repositioned and taking Tylenol.</p>
<p>2. Impaired Physical Mobility related to Multiple Sclerosis as evidenced by use of a Hoyer lift and passive</p>	<p>Pt has active ROM of right upper extremity, passive ROM of the left upper extremity, and the lower extremities bilaterally.</p>	<p>Continue ROM exercises with the Pt (active and passive) twice a day for 10 reps on each extremity.</p> <p>Turn the patient</p>	<p>Goal met. Client is determined to do ROM exercise twice a day and continues to have active ROM of right upper extremity.</p> <p>Goal met. Patient is</p>

ROM of left upper extremity and lower extremities bilaterally.	Pt needs use of Hoyer to get out of bed and uses a wheel chair.	every 2 hours to prevent skin breakdown.	repositioned every 2 hours.
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**Other References (APA):**

**Concept Map (20 Points):**

**Subjective Data**

Pt has dull pain 8 out of 10 in right hand.  
"I normally get Tylenol and it helps".  
Pt reports the right hand pain goes away when he holds his right arm straight and at chest level.

**Nursing Diagnosis/Outcomes**

Chronic Pain related to Multiple Sclerosis as evidenced by Pt report of dull pain in the right hand rated 8 out of 10.

Outcome: Pt reports dull right hand pain at a score between 4-6.

Impaired Physical Mobility related to Multiple Sclerosis as evidenced by use of a Hoyer lift and passive ROM of left upper extremity and lower extremities bilaterally.

Outcome: Patient has active ROM of the right upper extremity and does 10 reps twice a day.

Outcome: Pt's skin is intact with no noted decubitus ulcers

**Objective Data**

Weak strength level of left upper extremity and bilateral lower extremities.  
ROM and strength normal in the right upper extremity.  
Use of Hoyer lift and wheel chair.  
Suprapubic catheter.

**Patient Information**

JT  
MS diagnosis  
Paraplegia  
Neuromuscular dysfunction of bladder  
CAD w/out angina pectoris  
UTI  
Cellulitis of chest wall

**Nursing Interventions**

Reposition Pt to a comfortable position where his right arm is extended and lying on pillows.  
Administer prescribed Tylenol PRN.  
Continue ROM exercises with the Pt (active and passive) twice a day for 10 reps on each extremity.  
Turn the patient every 2 hours to prevent skin breakdown.





