

N311 Care Plan # 3

Lakeview College of Nursing

Deanna Braden

Demographics (5 points)

| | | | |
|--|----------------------------------|----------------------------------|--|
| Date of Admission 11-02-20 | Patient Initials D. T. | Age 62 y/o | Gender Female |
| Race/Ethnicity White/Caucasian | Occupation Retired | Marital Status Married | Allergies Surgical Tape, Bena-d [Diphenhydramine], Sulfa Antibiotics |
| Code Status Full Code | Height 4'7" | Weight 116 lbs. | |

Medical History (5 Points)

Past Medical History: Anxiety, Arthritis, Cancer (CMS/HCC), basal cell carcinoma, removed from forehead, Carpal tunnel syndrome, CHF (congestive heart failure) (CMS/HCC), Diabetes mellitus (CMS/HCC), Enlarged heart, Gallstones, High cholesterol, Hypertension, Incontinence, Murmur (cardiac), Neuropathy, Osteoporosis, Pacemaker, Pneumonia, Stroke (CMS/HCC) 2001, Thyroid disease (hoshimodos thyroiditis), Turner syndrome.

Past Surgical History: Bunionectomy, Feeding Tube (Temporary) Insertion, Hip Surgery, Repair Heart Wound, Repair of Hammertoe, One, Tracheostomy x2.

Family History: Mother: Diabetes, COPD, Father: Lung Cancer, Brother: Heart Disease, Paternal Grandmother: Stroke, Paternal Aunt: Diabetes, Paternal Uncle: Diabetes, Sister: Diabetes.

Social History (tobacco/alcohol/drugs): Patient reports use of tobacco (smoking) quit year 2001; Packs/day: 0.25; Years: 20; Pack years: 5. No alcohol or recreational drug use.

Admission Assessment

Chief Complaint (2 points): Fall and Weakness

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History of present Illness (10 points): On November 2, 2020, a married 62-year-old female Caucasian presented to the E.R. with complaint of fall and weakness. The patient stated that when she got out of bed to use the restroom, she started to become weak and ended up falling. The patient denies any loss of consciousness or hitting her head. The patient stated that she has been feeling weak and more so within the past 2 days prior to coming to the E.R. She also stated that she has had more frequent urination than normal that was beginning to have a burning sensation. Pt stated that her oxygen level was in the 70's when she came to the E.R., so she was put on 2 Liters of oxygen. She denies any use of oxygen at home on a regular basis but admits that she has had low oxygen levels resulting with the oxygen on prior occasions. The patient stated that she had taken ibuprofen for a relieving remedy, but it did not work.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): UTI (Urinary Tract Infection)

Secondary Diagnosis (if applicable): Hypoxia

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

Urinary Tract Infections (UTI's) are very common with over 3 million cases in the US per year. The most common cause of a UTI is from bacteria but can also be from certain fungi or viruses. The bacteria invade the urinary epithelium cells which causes inflammation and irritation of the cells (McCance 2019). The urethra can be the starting point of the infection and it can proceed to the kidney, ureters, and bladder. Lower urinary tract infection is infection of the bladder or urethra. Upper urinary tract infection is infection of renal pelvis, ureters, or kidney tissue. Women are more likely than men to get UTI's because of their anatomy. A woman's

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urethra is shorter and closer to the anus which allows easy access for bacteria to migrate from anus to urethra.

Symptoms can vary from different types of UTI's. The most known symptoms are frequent urination, burning sensation during urination, frequent urge to urinate, but incomplete voiding, pelvic pain, blood in urine, cloudy, strong smelling urine, N/V, fatigue, fever/chills, pain or pressure in the lower abdomen or back, and blood in the urine. A doctor should be consulted if any of these symptoms are present.

Causes of UTIs are usually resulted from *Escherichia coli* (E. Coli) from a person's own feces. We all have E. coli that is present within our gut that is present in the feces. If a woman wipes back to front it is easily transmitted to the urethra causing a UTI. Urethritis which is a form of UTI is a result of sexually transmitted diseases. Other factors that result in UTIs are pregnancy, kidney stones, multiple sex partners, urinary surgery, catheter use, weakened immune system, abnormalities in the urinary tract, medical conditions (stroke, multiple sclerosis, diabetes, spinal cord injury), birth control, and menopause.

Diagnosis for UTI's may be done through different procedures and tests. Urine analysis are done to analyze for red blood cells, white blood cells, or bacteria. Lab studies on the growth of urinary tract bacteria will confirm the bacteria that is the cause of the UTI so that the correct medications can be given. Imagery is used for patient's that have frequent infections to look for any abnormalities. CT scans, ultrasounds, or MRI's can be used. Contrast may be used for a clearer definition of structures of the urinary tract. A cystoscopy may also be used to see inside of the bladder and urethra for patients that have recurrent UTIs.

Antibiotics are prescribed for the treatment of UTIs. The antibiotic type, duration of treatment, and dosage is dependent upon how severe the infection is and what organism is the

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cause of the UTI. For simple infections the medications commonly prescribed are Fosfomycin, Ceftriaxone, Cephalexin, Trimethoprim, and Nitrofurantoin. For frequent infections low dose antibiotics, vaginal estrogen therapy for postmenopausal, and single dose antibiotic after intercourse if the UTI is related to sexual activity are used (McCance 2019). Severe infections may need hospitalization with IV antibiotic treatment. It is very important for a person to contact their family doctor or seek medical attention if they feel that they may have a UTI.

Pathophysiology References (2 points) (APA):

McCance (2019). *Pathophysiology of an UTI*. <https://u.osu.edu/utieducation/pathophysiology-of-uti/>.

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 | 3.90 - 5.00 | 4.03 | N/A | Normal Values (Faulkner, 2020) |
| Hgb | 11.8 - 14.7 | 11.4 | N/A | Low Hgb can be a result from having a UTI. (Faulkner, 2020) |
| Hct | 36.3 - 45.2% | 37.0 | N/A | Normal Values (Faulkner, 2020) |
| Platelets | 145 - 358 | 248 | N/A | Normal Values (Faulkner, 2020) |
| WBC | 4.6 - 9.1 | 8.4 | N/A | Normal Values (Faulkner, 2020) |
| Neutrophils | N/A | 79.7% | N/A | (Faulkner, 2020) |
| Lymphocytes | N/A | 8.8% | N/A | (Faulkner, 2020) |
| Monocytes | N/A | 6.2% | N/A | (Faulkner, 2020) |
| Eosinophils | N/A | 3.8% | N/A | (Faulkner, 2020) |
| Bands | N/A | N/A | N/A | (Faulkner, 2020) |

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 | 137 | N/A | Normal Values (Faulkner, 2020) |
| K+ | 3.5 - 5.1 | 4.5 | N/A | Normal Values (Faulkner, 2020) |
| Cl- | 98 - 107 | 103 | N/A | Normal Values (Faulkner, 2020) |
| CO2 | 21.0 - 32.0 | 29.0 | N/A | Normal Values (Faulkner, 2020) |
| Glucose | 74 - 106 | 222 | N/A | Glucose is high due to having Diabetes Mellites (Faulkner, 2020). |
| BUN | 7 - 18 | 26 | N/A | An elevated BUN level is a result of the kidneys that functioning well as a result of a UTI (Faulkner, 2020). |
| Creatinine | 0.55 - 1.02 | 1.12 | N/A | An elevated Creatinine level indicates that the kidneys aren't functioning properly as a result of a UTI (Faulkner, 2020) |
| Albumin | 3.4 - 5.0 | 2.4 | N/A | Low Albumin levels are a result of increased plasma protein glycation and HbA1c in diabetes (Faulkner, 2020) |
| Calcium | 8.5 - 10.1 | 8.9 | N/A | Normal Values (Faulkner, 2020) |
| Mag | N/A | N/A | N/A | N/A |
| Phosphate | N/A | N/A | N/A | N/A |
| Bilirubin | 0.2 - 1.0 | 0.5 | N/A | Normal Values (Faulkner, 2020) |
| Alk Phos | 45 - 117 | 354 | N/A | High levels of Phosphate can be a result of kidney problems. |

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| | | | | (Faulkner, 2020) |
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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 Light Yellow | Yellow, Extremely Turbid | N/A | The urine is Turbid due to having an UTI. White blood cells respond to where the infection is and then mix with the urine causing the cloudy appearance (Faulkner, 2020) |
| pH | 5.0-9.0 | 5.5 | N/A | Normal Values (Faulkner, 2020) |
| Specific Gravity | 1.003-1.030 | 1.012 | N/A | Normal Values (Faulkner, 2020) |
| Glucose | NORMAL | NORMAL | N/A | Normal Values (Faulkner, 2020) |
| Protein | NEGATIVE | 1+ (A) | N/A | Protein in the urine results in an issue with the kidneys. Kidney issues result in protein leaking into the urine. High protein in the urine is an indicator for UTI (Faulkner, 2020) |
| Ketones | NEGATIVE | NEGATIVE | N/A | Normal Values (Faulkner, 2020) |
| WBC | 0-5 | > 50 | N/A | Elevated WBC in the urine is a result of infection along the urinary tract; bladder or kidney (Faulkner, 2020) |
| RBC | 0-5 | 10 -20 | N/A | High RBC count is due to having kidney issues / UTI (Faulkner, 2020) |
| Leukoesterase | NEGATIVE | 3+ (A) | N/A | Leukoesterase is a result of kidney issues/infection/ UTI (Faulkner, 2020) |

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 |
|------|--------------|--------------------|---------------|-------------------------|
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| Urine Culture | No Growth | > 1000000 Escherichia Coli | N/A | E. coli can enter the Urinary tract from a person's stool. This is more common in women because their urethra sits close to the anus where the E. coli is present (Faulkner, 2020) |
| Blood Culture | No Growth | No Growth 1 Day | N/A | Normal Values (Faulkner, 2020) |
| Sputum Culture | N/A | N/A | N/A | N/A |
| Stool Culture | N/A | N/A | N/A | N/A |

Lab Correlations Reference (APA):

Faulkner, J. R. (2020). Epic Systems Healthcare Software Company. Verona, WI: Epic.

Diagnostic Imaging**All Other Diagnostic Tests (10 points):**

Glucose POC: Glucose level is 172 d/t Diabetes Mellitus. Normal range is 70 – 139. Pt will have insulin on a sliding scale.

ECG 12-LEAD: Atrial sensed ventricular paced complexes. No further analysis attempted due to paced rhythm. Compared to ECG 10/03/2020.

XR Chest Portable: Reason for exam: Low pulse ox.

ECHOCARDIOGRAM: Severe left ventricular hypertrophy, predominately septal. No dynamic LVOT gradient. The left atrial volume is severely increased (>48 ml/M2). The peak pulmonary artery systolic pressure is estimated to be approx. 40 mmHg.

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

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Medications (5 required)

| | | | | | |
|---|---|--|--|--|---|
| Brand/ Generic (Jones, Bartlett, 2020) | Diclofenac EC VOLTARE N (Jones, Bartlett, 2020) | Clopidogrel PLAVIX (Jones, Bartlett, 2020) | Famotidine PEPCID (Jones, Bartlett, 2020) | Heparin (porcine) (Jones, Bartlett, 2020) | Insulin lispro HUMALOG (Jones, Bartlett, 2020) |
| Dose | 75 mg | 75 mg | 20 mg | 5,000 units | 0-16 units |
| Frequency | 2 Times Daily | Daily | q12h | q12h | 4 x Daily before meals and nightly |
| Route | PO | PO | PO | Subq | Subq |
| Classificati on | NSAID | Thienopyrid ine | H2 blockers | Anticoagula nts | Rapid-acting human insulin analog |
| Mechanis m of Action | Inhibition of cyclooxygen ase (COX-1 and COX-2). Treatment for pain. | Inhibits platelet aggregation and inhibits aspects of blood clotting used to treat patients with MI, Stroke, and peripheral vascular disease. Prevention of cardiovascul ar complicatio ns. | Prevents and treats heartburn and other symptoms caused by too much acid in the stomach (acid indigestion). | Decreases the clotting ability of the blood. | Insulins lower blood glucose by stimulating peripheral glucose uptake b skeletal muscle and fat, and by inhibiting hepatic glucose production. |
| Reason Client Taking | For Pain | For the prevention of cardiovascul ar complication | For Heartburn | For thinning the blood d/t previous congestive heart failure. | For Diabetes |

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| | | s, such as heart attack and stroke. | | | |
| Contraindications (2) | Increased risk of bleeding, Hepatic porphyria, Anemia | GI bleeding, Hepatic disease. | Gastric cancer, Hepatic disease | Hypertension, Platelet count 100,000/mm or lower | Diabetic ketoacidosis, Renal Failure |
| Side Effects/Adverse Reactions (2) | Nausea, Dizziness | Stomach upset/pain, Diarrhea | Dizziness, Fatigue | Bleeding that takes longer to stop, Bruising | Low blood sugar (hypoglycemia), Weakness |

Medications Reference (APA):

Jones and Bartlett, 2020. *Jones & Bartlett Learning: 2020 Nurse's Drug Handbook.*

19th ed. Burlington, MA: S4 Carlisle Publishing Services.

Assessment**Physical Exam (18 points)**

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| GENERAL: Alertness: Orientation: Distress: Overall appearance: | A&O x 4: Alert and Oriented to person, place, time, and situation. No Distress Appropriately dressed and well groomed. |
| INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: | Pink skin color Dry/Normal Warm Turgor normal with elasticity No rashes No bruises No wounds Braden Score: 19 (No Risk) No drains present |
| HEENT: | Head/Neck: Normocephalic Atraumatic, |

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| Head/Neck: Ears: Eyes: Nose: Teeth: | Normal ROM, Supple, No lymphadenopathy, No JVD Ears normal and clear. Deaf in left ear and use of hearing aid in right ear. Pupil size 3mm, PERRLA. Glasses for farsightedness. Nose is symmetrical, clear with no drainage. Mouth: Pink, moist mucous membranes with no signs of dental caries. Oropharynx is clear and moist. |
| CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: | Heart Sounds: S1 and S2 heard with heart murmur. No friction rubs or gallops detected in S3 and S4. Peripheral pulses: 2+ upper and lower extremities. No signs of neck vein distention. No signs of Edema. |
| RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character | Respirations are normal and non-labored. No respiratory distress. No stridor. No wheezing. No tenderness. No use of Accessory muscle used. Oxygen Device: Nalal cannula – 2 liters |
| 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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: | Diet at home: Regular Diet Current Diet: Regular Diet Height: 4'7" Weight: 116 lbs. Bowel Sounds: active/normal in all 4 quadrants. Last BM: In the morning Abdomen is normal with no distension. Tenderness: No abdominal tenderness. Distention: No Distention. Incisions: None Scars: None Drains: None Wounds: None Ostomy: No Nasogastric: No |
| GENITOURINARY: | Urine is turbid, light yellow with mild odor. |

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| <p>Color: Character: Quantity of urine: Pain with urination: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type: Size:</p> | <p>UTI Voided 2 times in toilet. Difficulty urinating with burning sensation. Mild pain with urination. Incontinence No Dialysis Peripheral 20 gauge IV (right wrist)</p> |
| <p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p> | <p>ROM: Normal Strength bilaterally in upper and lower extremities. Supportive devices: Cane, Four heel walker, Front wheel walker, Power Scooter Needs Assistance for ADL's. Fall Risk Score: 6 (High Risk for falls) Needs assistance with equipment Needs support to stand and walk</p> |
| <p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p> | <p>Strength bilaterally in upper and lower extremities. Orientation: Oriented Mental Status: Stable Speech: Clear and understandable Sensory: Alert LOC: A&O x 4</p> |
| <p>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):</p> | <p>Coping methods: Pt. stated that she talks to her sister daily to cope with things. Developmental level: Mature Religion & what it means to pt: Christian. She has a strong faith in God, and it is very important to her. Personal/Family Data: She lives alone but has a sister that she is very close to that checks on her daily.</p> |

Vital Signs, 1 set (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|-------|-----|-----------|------|--------|
|------|-------|-----|-----------|------|--------|

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| | | | | | |
| 1100 | 68 bpm | 126/70 | 18 breaths per minute | 94.7 °F (oral) | 98% RA |

Pain Assessment, 1 set (5 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------------|-------------------------|-----------------|-----------------|------------------------|----------------------|
| 1100 | Numeric 0-10 | No Pain | 0 | No Pain | No Pain |

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|-----------------------|---|
| 1200 mL | Not able to assess due to voiding in the toilet. Patient did void twice. |

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

| Nursing Diagnosis | Rational | Intervention (2 per dx) | Evaluation |
|---|---|---|---|
| <ul style="list-style-type: none"> ● Include full nursing diagnosis with “related to” and “as evidenced by” components | <ul style="list-style-type: none"> ● Explain why the nursing diagnosis was chosen | | <ul style="list-style-type: none"> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan. |
| 1. Impaired Gas Exchange | Related to: Oxygen Sat in the 70’s on admission as evidenced by “I felt short of breath and weak”. | 1. Patient maintains optimal gas exchange with unlabored respirations at 12-20 per minute with normal oximetry | Goal was met. Respirations and oximetry readings were within normal range. |

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| | | <p>readings (Capriotti, 2020).</p> <p>2. Patient verbalizes understanding of oxygen and other therapeutic interventions.</p> | <p>Goal was met. Patient was able to verbalize a clear understanding of oxygen and other therapeutic interventions.</p> |
| <p>2. Impaired Urinary Elimination</p> | <p>Related to: Frequent Urination as evidenced by “I feel like I have to urinate all of the time”.</p> | <p>1. Encourage the pt to void every 2-3 hours</p> <p>2. Palpate the pt’s bladder every 4 hours to determine presence of urinary retention by feeling for distention.</p> | <p>Goal was met. Patient was able to void every 2-3 hours.</p> <p>Goal was met. Palpation was assessed and implemented every 4 hours for distention.</p> |
| <p>3. Risk For Infection</p> | <p>Related to: Improper toileting as evidenced by “I wipe from back to front”.</p> | <p>1. Instruct/teach the pt to wipe from front to back when using the bathroom (Capriotti, 2020).</p> <p>2. Encourage increased fluid intake (water) to 3-4 liters a day if tolerated to decrease recurring UTI’s and infection.</p> | <p>Goal was met. Pt wiped from front to back after using the bathroom.</p> <p>Goal partially met. Pt. Drank 1200 ml of water by 12 p.m.</p> |

Other References (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory*

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concepts and clinical perspectives. Philadelphia: F.A. Davis.

Concept Map (20 Points):

**NOTE: I AM SENDING THE CONCEPT MAP AS A PICTURE BECAUSE I CANNOT
TYPE ON THE ONE PROVIDED**

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