N311 Care Plan # 4

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission **11-3-20**	**Patient Initials** **SP**	**Age** **32**	**Gender** **F**
Race/Ethnicity **African American**	**Occupation** **Retail**	**Marital Status** **Married**	**Allergies** **Rocephin**
Code Status **Full**	**Height** **5'8"**	**Weight** **278lb**	

Medical History (5 Points)

Past Medical History:

Asthma, Epileptic seizures, Gestational HTN

Past Surgical History:

Cholecysytectomy, Abdomen surgery, Cesarean section X2

Family History: Diabetes (mother), Diabetes (father)

Social History (tobacco/alcohol/drugs): No tobacco/alcohol/drugs taken.

Admission Assessment

Chief Complaint (2 points):

PT stated her reason for coming into the hospital was "I just felt weird"

History of present Illness (10 points): .

Pt is a 32yr old woman that had recently been discharged from the hospital following a cholecystectomy and pancreatitis. She came in on 11-3-20 with a complaint of "feeling weird", upon evaluation the Pt presented with shortness of breath, a glucose level of 495, and evidence of diabetic ketoacidosis, hypoglycemia and edema in lower extremities.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):.

Diabetic Ketoacidosis

Secondary Diagnosis (if applicable):.

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

Patient presented with shortness of breath, a glucose level of 495, and evidence of diabetic keto acidosis, hypoglycemia and edema in lower extremities. According to Capriotti and Frizzell (2016), diabetic ketoacidosis is a condition that develops in a person with no insulin reserves. Pt with DKA may present with weakness, nausea, abdominal pain, confusion, and may be lethargic (Capriotti and Frizzell, 2016). Diabetic ketoacidosis (DKA) is a frequently encountered complication of diabetes mellitus. DKA is an insulin deficit state and results in moderate to severe hypertriglyceridemia (HTG). HTG is the third leading cause of acute pancreatitis (AP) and often goes unnoticed (Kumar, P**, 2017). The Pt had recently left the hospital showing signs of pancreatitis after having her gallbladder removed. There is a direct coloration between pancreatitis and possibilities of Diabetic ketoacidosis due to the inability of the pancreas to process glucose.**

Pathophysiology References (2) (APA):

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

Kumar, P., Sakwariya, A., Sultania, A., & Dabas, R. (2017). Hypertriglyceridemia-induced acute pancreatitis with diabetic ketoacidosis: A rare presentation of type 1 diabetes mellitus. Retrieved November 06, 2020, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607768/

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	4.0-4.9 10^6/uL	**NA**	**4.24**	
Hgb	12.0-16.0 g/dL	**NA**	**10.4**	**These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).**
Hct	37.0-48.0%	**NA**	**32.1**	
Platelets	150-400 10^3/uL	**NA**	**498**	**These values are consistent with blood loss due to trauma (Capriotti & Frizzell, 2016).**
WBC	4.1-10.9 10^3/uL	**NA**	**16.00**	**White cells are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).**
Neutrophils	1.50-7.70 10^3/uL	**NA**	**11.52**	**Neutrophils are elevated due to trauma/ injury (Capriotti & Frizzell, 2016).**
Lymphocytes	1.00-4.90 10^3/uL	**NA**	**2.24**	
Monocytes	0.00-0.80 10^3/uL	**NA**	**1.28**	**Monocytes are elevated due to trauma and inflammatory response (Capriotti & Frizzell, 2016).**
Eosinophils	0.00-0.50 10^3/uL	**NA**	**0.16**	
Bands	**0.0-10.0%**	**NA**	**1.0**	**NA**

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 mmol/L	**NA**	**133**	
K+	3.5-5.1 mmol/L	**NA**	**3.7**	
Cl-	98-107 mmol/L	**NA**	**100**	
CO2	21.0-32.0 mmol/L	**NA**	**23**	
Glucose	60-99 mg/dL	**NA**	**344**	**Diabetic ketoacidosis (Capriotti & Frizzell, 2016).**
BUN	5-20 mg/dL	**NA**	**5**	
Creatinine	0.5-1.5 mg/dL	**NA**	**0.52**	
Albumin	3.4-5.4 g/dL	**NA**	**NA**	
Calcium	8.5-10.1 mg/dL	**NA**	**8.6**	
Mag	1.6-2.6 mg/dL	**NA**	**NA**	
Phosphate	-	**NA**	**NA**	
Bilirubin	-	**NA**	**NA**	
Alk Phos	44-147 U/L	**NA**	**NA**	

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	**Light yellow**	**NA**	**Clear**	

pH	5.0-7.0	**NA**	**5.0**	
Specific Gravity	**1.003-1.030**	**NA**	**1.026**	
Glucose	**Negative**	**NA**	**+3**	**Diabetic ketoacidosis (Capriotti & Frizzell, 2016).**
Protein	**Negative**	**NA**	**Neg**	
Ketones	**Negative**	**NA**	**+3**	**Diabetic ketoacidosis (Capriotti & Frizzell, 2016).**
WBC	0-25/uL	**NA**	**0**	
RBC	0-20/uL	**NA**	**0**	
Leukoesterase	**Negative**	**NA**	**NA**	

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	**NA**	**NA**	**NA**	**NA**
Blood Culture	**NA**	**NA**	**NA**	**NA**
Sputum Culture	**NA**	**NA**	**NA**	**NA**
Stool Culture	**NA**	**NA**	**NA**	**NA**

Lab Correlations Reference (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

EKG 12 Lead- Normal Sinus Rhythm

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

Medications (5 required)

Brand/Generic	**Insulin**	**Acetaminophen (Tylenol)**	**Zofran (ondansetron)**	**Ketorolac (Toradol)**	**Amoxicillin**
Dose	**3-25 unit sliding**	**65mg**	**4mg**	**30mg**	**125mg**
Frequency	**X4 daily**	**Q6hr**	**PRN**	**PRN**	**X2 daily for 3 days**
Route	**Subcutaneous**	**Oral**	**Intravenous**	**Injection**	**Oral**
Classification	**Antidiabetic**	**Antipyretic**	**Antiemetic**	**Analgesic**	**Antibiotic**
Mechanism of Action	**Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscles, and by inhibiting hepatic glucose productions.**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.**	**Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminal in the intestine.**	**Block cyclooxygenase, an enzyme needed to synthesize prostaglandins.**	**Kills bacteria by binding to and inactivating penicillin-binding proteins on the inner bacterial cell wall.**
Reason Client Taking	**Diabetic ketoacidosis**	**Pain management**	**Nausea**	**Pain management**	**Recent surgery, infection prevention**
Contraindications (2)	**Chronic lung disease, hypersensitivity to regular human insulin**	**Hypersensitivity to acetaminophen, hepatic impairment**	**Hypersensitivity to ondansetron, Concomitant use of apomorphine**	**Risk for renal impairment, or advanced renal impairment.**	**Hypersensitivity to amoxicillin, and other beta-lactam antibiotics.**
Side Effects/Adverse	**Confusion, tachycardia**	**Hypotension, Stridor**	**Anxiety, Hypotension**	**Aseptic meningitis,**	**Seizures, vaginal mycosis**

Reactions (2)				**Hyperglycemia**	

Medications Reference (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Pt appears alert and oriented x3 person, place, and day of week, groomed, and in no pain.**
INTEGUMENTARY: **Skin color: pink** **Character: dry** **Temperature: warm** **Turgor: normal** **Rashes: NA** **Bruises: yes, Abdomen** **Wounds: NA** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:NA**	**Pt skin is warm, pink, and dry, with bruising on abdomen in LRQ. Turgor normal, Pt has a Braden score of 20.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	• **Head and neck symmetrical, trachea midline no deviation, thyroid not palpable, no noted nodules. Bilateral carotid pulses palpable.** • **Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink, slight drainage in left eye.** • **Nose septum midline turbinate's moist and pink.** • **Mouth pharynx moist and pink, dentation good, mucosa pink and moist with lesion on upper right side.**
CARDIOVASCULAR: **Heart sounds:**	.**Clear S1 and S2 heard without gallops or rubs. Peripheral pulses palpable. Capillary**

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:** **Lower extremities**	**refill less then 3sec. Edema noted in both lower legs.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**. Respirations are regular and even without laboring. Lungs sound clear throughout bilaterally. Pt does present with a wet sounding cough.**
GASTROINTESTINAL: **Diet at home: normal** **Current Diet: NPO** **Height: 5'3"** **Weight: 140lb** **Auscultation Bowel sounds: normal** **Last BM: 3 days ago** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: yes** **Incisions: NA** **Scars: NA** **Drains: NA** **Wounds: NA** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: NA** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: NA**	**.Diet at home is normal, current diet in diabetic, Abdomen is soft, tender in LLQ and LRQ, bowl sounds normal. Abdomen shows distention.**
GENITOURINARY: **Color: yellow** **Character: hazy** **Quantity of urine: 35ml** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: : RED/PINK** **Catheter: Y ☐ N ☒** **Type: NA** **Size: NA**	**Urine is yellow and clear in character, output 80ml. No pain with urination noted. No BM noted.**
MUSCULOSKELETAL: **Neurovascular status: Able** **ROM: able with weakness** **Supportive devices: no**	**.Pt can preform ROM and ADL's with assistance. Fall score is a 10 moderate fall risk.**

Strength: General weekness **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 10** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☒**	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: Normal** **Mental Status: ANO X3** **Speech: Understandable** **Sensory: Normal** **LOC: Alert**	. Pt has positive MAEW and PERLA, strength was equal with some generalized weakness. Orientation normal with mental status ANO X3, speech understandable, sensory normal, and LOC alert. .
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):**	.**Pt has husband and children and they all attend church and pray in the home.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	**98**	**132/83** **Rt arm**	**18**	**98 oral**	**99% room** **air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0845	**1/10**	**Abdomen**	**NA**	**Constant dull**	**Make pt comfortable and switch from bed to**

					chair

Intake and Output (2 points)

Intake (in mL) 250mL IV 240mL oral **100% breakfast eaten**	**Output (in mL) 80mL urine no BM noted**

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. Fatigue related to Diabetic ketoacidosis. As evidenced by abdominal blood sugar readings of 400 or higher.	**Pt is currently experiencing fatigue due to the fluctuation of her blood sugar during the stabilization period.**	**1. Promote ambulation** **2. Promoter fluid intake.**	**PT agreed that ambulation should be happening. PT is also consuming as much as water as she can.**
2. Risk for activity intolerance related to Diabetic ketoacidosis. As evidenced sedentary disposition and unwillingness to promote movement unless restroom is needed.	**The Pt is currently experiencing highs and lows of energy due to her blood sugar in constant fluctuation.**	**1. Promote ambulation** **2. Promote passive range of motion in bed during moments of weakness or sugar fluctuation.**	**PT agrees to ambulation and asked for education on exercises she can do in bed when she feels weak.**

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Pt states "pain is 1/10"
And that her "lower stomach hurts" she is also states that after she eats she becomes "very tired."

Nursing Diagnosis/Outcomes

Fatigue related to Diabetic ketoacidosis. As evidenced by abdominal blood sugar readings of 400 or higher.

Risk for activity intolerance related to Diabetic ketoacidosis. As evidenced sedentary disposition and unwillingness to promote movement unless restroom is needed.

PT agreed that ambulation should be happening. PT is also consuming as much as water as she can.
PT agrees to ambulation and asked for education on exercises she can do in bed when she feels weak.

Objective Data

Pt grimaces upon palpation of LRQ and LLQ, she is also taking pain medication as needed. Pt is slow to move and appeared to be in a stupor after eating her blood sugar at the time was 475.

Patient Information

Pt is 32yr old female that came in on 11/3/20 complaint of "feeling weird".
Hight: 5'8"
Weight : 287lb

Nursing Interventions

1.
Promote ambulation
2.
Promoter fluid intake.

1.
Promote ambulation
2. Promote passive range of motion in bed during moments of weakness or sugar fluctuation.