N311 Care Plan 4

Lakeview College of Nursing

Julianna Flores

Demographics (5 points)

Date of Admission 11/03/20	**Patient Initials** KA	**Age** 06/21/72 (48 y.o)	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Cardiac Sonographer	**Marital Status** Married	**Allergies** NKA
Code Status Full	**Height** 5'5" (165.1 cm)	**Weight** 264 lbs. (BMI 43.9)	

Medical History (5 Points)

Past Medical History: Morbid obesity, hypertension, DM2, asthma (exercise and temperature intolerance), Anxiety

Past Surgical History: C-section (2001), hysterectomy (vaginal- 2015), sleeve gastrectomy 11/03/20)

Family History: Maternal- DM2, hypertension, Paternal- DM2, hypertension

Social History (tobacco/alcohol/drugs): Patient reports no history of smoking, social drinker

Admission Assessment

Chief Complaint (2 points): Pursuit for sleeve gastrectomy

History of present Illness (10 points): In august 2020, a 48 y.o Caucasian woman presented to Dr. Sidney Rohrscheib's office on Interstate drive in Urbana in pursuit of a sleeve gastrectomy to treat her morbid obesity (location-whole body). Patient stated: "I've battled my weight all my life (duration), but I really put on weight 19 years ago after having my son" (onset). Patient has a genetic disposition for DM2 and hypertension, but her morbid obesity contributed to the development of these diseases (associated). Patient stated: "I've tried multiple diets, exercise, prescriptions, and weight loss programs but none of them kept the weight off long-term" (relieving and treatment). Patient has done thorough research on sleeve gastrectomy through online sources as well as discussing the procedure with medical providers at OSF Urbana where

she works. Patient stated: “I wanted to have this surgery done so that I could obtain weight loss and no longer need to take medication for my diabetes and hypertension”. Patient had routine labs done on 10/21/20 to clear her for surgery. She had the surgery on 11/03/20 and was admitted immediately following it.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Morbid obesity (Sleeve gastrectomy**)**

Secondary Diagnosis (if applicable):.

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

Obesity is a term used to describe individuals that have exceeded their expected weight for their height by 30%. Morbid obesity is a term that describes exceeding the individual’s ideal weight by 40% or more. Obesity is defined as “Increased body weight related to excess fat accumulation” (Capriotti, 2020, p. 73). The exact cause of obesity is unknown, but several factors attribute to becoming obese. The three main contributing factors are excessive energy intake, inactivity, and genetic susceptibility, but hormone imbalances, gene mutations, some medications, and psychiatric disorders can also play a role (Zhang et al, 2014). Excessive energy intake and inactivity go hand in hand. When an individual takes in more energy (calories) than they are burning due to inactivity, the body stores the excess energy as fat (Capriotti, 2020). Genes can influence the body to overeat, increase the likelihood of inactivity, reduce the body’s ability to use fats as fuel, and cause the body to easily store fats (Capriotti, 2020). In the United States, over 65% of Americans are overweight, and 1 in 20 are morbidly obese (Capriotti, 2020). Individual’s at an increased risk of becoming obese or morbidly obese consume too many calories due to poor food choices such as eating fast food instead of cooking at home or binge

eating, live in poverty which reduces their ability to make healthy food choices, are of the female gender which results in less calories being burned than men, have been pregnant which can cause weight gain following the pregnancy, are older which causes a decreased metabolic rate and decreases the amount of calories required by the body, recently quit smoking which increases taste and appetite, and have certain disorders such as Cushing's syndrome, Prader- Willi syndrome, Growth hormone deficiency, hypothyroidism, Polycystic ovarian syndrome, and insulinoma which can contribute to obesity. The signs and symptoms of obesity are having excess fat on the body, having an apple or pear shape which describes the location of fat accumulation, and having fat covering the organs, heart, and arteries (Capriotti, 2020). Obesity is diagnosed by measuring the amount of body fat in the chest, abdomen, thighs, triceps, and hips. This is measured by density-based hydrodensitometry and air displacement plethysmography, CT, MRI, dual-energy x-ray absorptiometry, waist circumference, waist-to-hip ratio, and measuring the amount of fat in a skinfold (Capriotti, 2020). To classify an individual as obese, the results must show a percentage of body fat of 32% or more for women, and 26% or more for men (Capriotti, 2020). Obesity predisposes the individual to certain conditions such as diabetes, hypertension, heart disease, arthritis, hyperlipidemia, and decreased psychological well-being (Capriotti, 2020). For these reasons, treatment is necessary to improve quality of life. There are several treatments available for obesity, such as exercise, diets, weight loss programs, and medications such as Xenical which suppress the appetite (Zhang et al, 2014). If these methods are not successful, bariatric surgery such as gastric bypass, gastric banding, and sleeve gastrectomy can be done to lose weight (Zhang et al, 2014). These surgeries have proven long-term weight loss success, and work by decreasing the individual's calorie consumption (Zhang et al, 2014). My patient stated that she has always battled her weight, but she became obese

following having her son 19 years ago. Her morbid obesity was caused by increased calorie consumption during pregnancy, and a sedentary lifestyle following her weight gain. She tried several methods to lose weight, but she was unsuccessful due to sitting for extended periods of time being a cardiac sonographer. She had a sleeve gastrectomy done to improve her quality of life and to eliminate the need for medications to treat her hypertension and DM2.

Pathophysiology References (2) (APA)

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

Zhang, Y., Liu, J., Yao, J., Ji, G., Qian, L., Wang, J., Zhang, G., Tian, J., Nie, Y., Zhang, Y. E., Gold, M. S., & Liu, Y. (2014). Obesity: pathophysiology and intervention. Nutrients, 6(11), 5153–5183. https://doi.org/10.3390/nu6115153

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.

Note: My patient's labs were done on 10/21/20 prior to having the surgery, no labs were done following the surgery.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.4-5.80		4.92	
Hgb	13.0-16.5		14.4	
Hct	38-50		42.1	
Platelets	140-440		346	

WBC	4.00-12.00		7.10	
Neutrophils	40-60		67.2	Neutrophilia can occur due to chronic inflammation. My patient has DM2 and hypertension, both diseases cause inflammation of epithelial cells (Capriotti, 2020).
Lymphocytes	19-49		23.1	
Monocytes	3.0-13.0		4.8	
Eosinophils	0.0-8.0		1.0	
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-	133-144		139	
K+	3.5-5.1		4.2	
Cl-	98-107		102	
CO2	21-31		29	
Glucose	70-99		167	My patient has DM2 which causes elevated blood glucose levels. (Pagana et al, 2018).
BUN	7-25		15	
Creatinine	0.50-1.20		0.78	
Albumin	3.5-5.7		4.2	
Calcium	8.6-10.3		9.1	
Mag	1.6-2.6		n/a	
Phosphate	n/a		n/a	

Bilirubin	n/a		n/a	
Alk Phos	34-104		93	
TSH	0.500-5.000		3.368	

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			**n/a**	**Not done for KA**
pH			**n/a**	
Specific Gravity			**n/a**	
Glucose			**n/a**	
Protein			**n/a**	
Ketones			**n/a**	
WBC			**n/a**	
RBC			**n/a**	
Leukoesterase			**n/a**	

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			**n/a**	**Not done for KA**
Blood Culture			**n/a**	

Sputum Culture			**n/a**	
Stool Culture			**n/a**	

Lab Correlations Reference (APA): Normal values obtained from EMR.

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference (Fourteenth edition. ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Routine tests performed to clear patient for surgery:

Chest x-ray 2 view was performed on 10/21. It showed bilateral hilar calcifications, small, calcified granuloma on the left lower lung. No congestion, consolidation, or infiltrates observed. Patient's heart is normal size. The aorta is unremarkable. Mediastinum is within normal limits. Dorsal spine has degenerative changes. Impression- "No acute process, old granulomatous disease".

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

Brand/ Generic	Zofran/ Ondansetron hydrochloride	Cozaar/ Losartan potassium	Xanax/ Alprazolam	Microzide/ hydrochlorothiazide	Metformin hydrochloride /Glucophage-XR
Dose	4 mg	50 mg	0.5 mg	25 mg	50 mg
Frequency	Every 6 hours PRN	Once daily	Twice daily	Once daily	Twice daily
Route	I.V	Oral	Oral	Oral	Oral

Classification	Selective serotonin receptor antagonist	Antihypertensive	Anxiolytic	Diuretic	Antidiabetic
Mechanism of Action	Blocks serotonin receptors which prevents nausea by preventing serotonin release in the small intestine.	Blocks binding of angiotensin II to receptor sites in many tissues, the adrenal gland, and vascular smooth muscle. Inhibition of angiotensin II reduces blood pressure. It also decreases left ventricular mass index in patients with left ventricular hypertrophy.	May increase effects of GABA and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS. GABA inhibits excitatory stimulation which helps control emotional behavior.	Promotes movement of sodium, chloride, and water from blood in peritubular capillaries into nephron's distal convoluted tubules. It may decrease cardiac output, extracellular fluid volume, or plasma volume which helps explain blood pressure reduction. Also reduces blood pressure by direct arterial dilation.	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production. Increases transport of glucose across cell membranes. Increases the number of insulin receptors on cell membranes and makes them more sensitive to insulin.
Reason Client Taking	To Prevent postoperative nausea	To Control hypertension	To control anxiety disorders, relieve anxiety	To manage hypertension	To reduce blood glucose levels in type 2 diabetes mellitus
Contraindications (2)	Hypersensitivity to ondansetron or its components, concomitant use of apomorphine	Concurrent aliskiren therapy in patients with renal impairment, hypersensitivity to losartan or its components.	Acute angle-closure glaucoma; hypersensitivity to alprazolam, its components, or other benzodiazepines	Anuria, hypersensitivity to hydrochlorothiazide, other thiazides, sulfonamide derivatives, or their components	Advances renal disease, hypersensitivity to metformin or its components, metabolic acidosis
Side Effects/ Adverse Reactions (2)	Abdominal pain, constipation, flatulence,	Hypotension, back pain, leg pain, insomnia,	Agitation, confusion, chest pain, hypotension,	Hypotension, diarrhea, renal failure, headache, pneumonitis,	Hypoglycemia, hepatic injury, aplastic anemia, thrombocytopenia

	indigestion, blurred vision	diarrhea	nausea, altered libido, dysarthria	pulmonary edema	, lactic acidosis

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert and oriented x3. No signs of acute distress. Well-groomed, looks appropriate for her age.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Pink Dry Warm Normal, 2+ No rashes, wounds, or bruises observed. On pt's right arm, some minor swelling and warmth were observed and palpated where her IV infiltrated. No drains present. No current IV. Braden score 19, deducted 3 for her current clear liquid diet status. She was only allowed ice chips until today. Patient's nausea is preventing her from receiving adequate nutrition. Also deducted 1 for activity, patient walks for short distances to the restroom only due to nausea she spends most of her time in the bed.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical, normal hair distribution. Trachea is midline, no deviation noted. No lymphadenopathy in the head or neck noted. Thyroid is not palpable. Ears pink, no tenderness or drainage. No hearing deficit observed. PERRLA bilaterally, EOMs intact bilaterally. Eye lids pink and symmetrical. Bilateral Sclera white, Bilateral cornea clear, Bilateral conjunctiva pink without discharge. Patient uses reading glasses. Septum midline, nares free of discharge. Dentition is good. Overall mucosa is pink, moist, and without ulcers. Tonsils 1+.

CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	. Clear S1 and S2, no gallops, rubs or murmurs noted. Pulses 2+ throughout, bilaterally. Capillary refill less than 3 seconds. No edema inspected or palpated in extremities.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations regular, even, and non-labored. Lungs sounds are clear. No crackles, wheezes or rhonchi noted. Respirations symmetrical.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	 Clear liquid for a few weeks Clear liquid 5’5” 264 lbs. Bowel sounds normoactive in all four quadrants. Three days ago, patient was NPO for surgery, was allowed ice chips until today. She has not had much intake of nutrients due to postoperative nausea and vomiting. No distention. 2 incisions in RUQ, 1 in LUQ, 1 in RLQ.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 Pale yellow Clear Patient states: “I am urinating more than usual due to having an IV in for the past few days and taking a diuretic”.
MUSCULOSKELETAL: **Neurovascular status:**	 No neurovascular deficits noted.

ROM: **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Full ROM. No supportive devices. Patient is fully independent. Strength 5/5 in all extremities. Fall risk score 0, patient is fully independent. No hx of falls, no IV, oriented to own ability.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Appears alert and Oriented to person, place, and time. Cognitive with normal speech. Normal sensory response in fingers and toes. No neurological deficits noted. Patient reports no episodes of losing consciousness.
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):**	Patient reports cleaning when she is stressed. Normal Christian, does not actively practice. Patient reports living with her husband and 19 year- old son. She reports her family is close, but she has not disclosed her surgery to her parents because she does not want to worry them.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0740	91 (radial)	197/133 (LA- sitting)	18	97.9 (oral)	93%- air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1025	Numerical 0-10	URQ (abdomen)	2	Burning, Patient stated: "It feels like I did 150 sit ups in 1 minute".	Placed a pillow behind middle back. Patient stated: "It didn't help much".

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
25% of broth at breakfast 100 mL of water	Patient voided 3 times during my shift No BM, patient has not had anything to eat except ice chips until earlier. She is not tolerating her liquid diet well, reports vomiting and nausea.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Imbalanced nutrition: Less than Body Requirements related to inability to procure adequate amounts of food as evidenced by documented inadequate calorie intake, nausea, vomiting, and no BM in last 3 days. (Swearingen & Wright, 2020).	My patient is severely nauseated following her sleeve gastrectomy surgery. She has only had Ice chips until today. Today she had about 25% of her broth but stated she cannot keep anything down.	1.Give antiemetic as prescribed to decrease nausea and increase intake of adequate nutrition (Swearingen & Wright, 2020). 2.Suggest patient brush teeth and tongue every 8 hr. as needed to reduce nausea and increase taste (Swearingen & Wright, 2020).	Goal not met- Nurse offered antiemetic medication to patient, but she did not accept. The nurse let her know that its available if she changes her mind. Goal partially met- I informed patient of the benefits of oral hygiene but she did not want to do it due to nausea.
2. Risk for Deficient fluid volume related to inadequate intake of fluids occurring with nausea and active fluid loss from vomiting and frequent urination as evidenced by documented inadequate fluid intake, patients report of inability to keep fluids down, patients report of frequent urination (Swearingen & Wright, 2020).	An inability to intake and keep down fluids can cause dehydration. Actively losing fluids while not replacing them leads to dehydration.	1. Encourage the patient to take in 2000-3000 mL of fluid if not contraindicated medically (Swearingen & Wright, 2020). 2.Monitor vital signs and I/O every 4 hours (Swearingen & Wright, 2020).	Goal partially met- I Encouraged pt to intake as much fluid as she could tolerate to prevent dehydration. Patient is trying to increase fluid intake, but her nausea is preventing her from receiving adequate fluid intake. Goal met- VS were assessed at 0740, blood pressure was elevated, pulse was normal, respirations were normal, temperature was normal. Patient voided 3 times during my shift reports pale yellow color, no BM for 3 days.

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 (5th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

"I've battled my weight all my life, but I really put on weight 19 years ago after having my son"
"I've tried multiple diets, exercise, prescriptions, and weight loss programs but none of them kept the weight off long-term"
I wanted to have this surgery done so that I could obtain weight loss and no longer need to take medication for my diabetes and hypertension".
Pt reports nausea, vomiting, and a pain level of 2/10.

Nursing Diagnosis/Outcomes

Imbalanced nutrition: Less than Body Requirements related to inability to procure adequate amounts of food as evidenced by documented inadequate calorie intake, nausea, vomiting, and no BM in last 3 days (Swearingen & Wright, 2020).
Outcome- Within 24 hours, patient will report decreased nausea and will receive adequate nutrition as evidenced by intake of 1200 calories per day.

Risk for Deficient fluid volume related to inadequate intake of fluids occurring with nausea and active fluid loss from vomiting and frequent urination as evidenced by documented inadequate fluid intake, patients report of inability to keep fluids down, patients report of frequent urination (Swearingen & Wright, 2020).
Outcome- After 8 hours of interventions, the patient will maintain adequate fluid volume as evidenced by normal skin turgor and balanced I/O.

Objective Data

Intake- 25% of broth, 100 mL of water
Output- voided 3 times, no BM for three days
Height- 5'5"
Weight- 264 lbs. (BMI 43.9)
Neutrophilia
Elevated glucose level
4 incisions on abdomen
Normoactive bowel sounds
VS- Bp: 197/133, P: 91, RR: 18, T: 97.9, O2: 93%

Patient Information

On 11/03, a 48 y.o Caucasian woman with a hx of Morbid obesity, hypertension, DM2, asthma, and anxiety presented to OSF Urbana to undergo sleeve gastrectomy surgery. She was admitted following surgery.

Nursing Interventions

Give antiemetic as prescribed to decrease nausea and increase intake of adequate nutrition (Swearingen & Wright, 2020).

Suggest patient brush teeth and tongue every 8 hr. as needed to reduce nausea and increase taste (Swearingen & Wright, 2020).

. Encourage the patient to take in 2000-3000 mL of fluid if not contraindicated medically (Swearingen & Wright, 2020).
2.Monitor vital signs and I/O every 4 hours (Swearingen & Wright, 2020).