

N311 Care Plan # 4
Lakeview College of Nursing
Bao Cuong Tran

Demographics

Date of Admission 11/1/20	Patient Initials L.D.	Age 64	Gender Female
Race/Ethnicity White/Caucasian	Occupation Disability	Marital Status Divorced	Allergies NKA (no known allergies)
Code Status Full Code	Height 4'11''	Weight 298 lbs	

Medical History

Past Medical History: Diabetes Mellitus, Congestive heart failure, chronic obstructive pulmonary disease, gastroesophageal reflux disease

Past Surgical History: Total knee replacement, joint replacement, tonsillectomy

Family History: none

Social History (tobacco/alcohol/drugs): every day smoker, non-drinker, no drug use.

Admission Assessment

Chief Complaint (2 points): Left lower abdominal pain and erythema

History of present Illness (10 points): A 64-year-old Caucasian female with obesity type 3 was admitted to the hospital due to abdominal wounds with drainage over the past 2 weeks. Patient mentioned that she started having pain in left lower abdominal area for the past 2 weeks, but there was no discharge until 4 days prior to admission. One day prior to admission, the patient noticed purulent bloody discharge. She denied recent trauma or bruise. The patient has had multiple episodes of cellulitis of her legs in the past. But this is the first time, cellulitis occurs in the abdominal area. The patient is obese and has large abdominal pannus that touch the things all the time which prevent the patient from keeping good hygiene around at the area as well as dressing it.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Cellulitis abdominal wall

Secondary Diagnosis (if applicable): None

Pathophysiology of the Disease, APA format (20 points): Cellulitis is a common, potentially serious bacterial skin infection. The affected skin appears swollen and red and is typically painful and warm to the touch (Capriotti, 2016). Cellulitis usually affects the skin on the lower legs, but it can occur in the face, arms and other areas. It occurs when a crack or break in your skin allows bacteria to enter (Pamela, 2019). The infection can spread to lymph nodes and bloodstream which can lead to sepsis and rapidly become life-threatening. It is not usually spread from person to person. In this case, the patient's risk of infection spreading is much higher due to her history of diabetes. Moreover, because of obesity, it might be difficult for the patient to keep the area in good hygiene which might cause cellulitis after being discharged.

Possible signs and symptoms of cellulitis, which usually occur on one side of the body, are red area of skin that tends to expand, swelling, tenderness, pain, warmth, fever, red spots, blisters, skin dimpling. The patient experienced pain sharp, burning in the left lower abdominal area along with purulent, bloody discharge.

Cellulitis occurs when bacteria, most commonly streptococcus and staphylococcus, enter through a crack or break in the skin. The incidence of a more serious staphylococcus infection called methicillin-resistant Staphylococcus aureus (MRSA) is increasing. Although cellulitis can occur anywhere on the body, the most common location is the lower leg. The patient has had multiple cellulitis on both legs before. Bacteria are most likely to enter disrupted areas of skin, such as where you've had recent surgery, cuts, puncture wounds, an ulcer, athlete's foot or

dermatitis. Due to obesity, the skin of the patient's abdomen constantly touches her thigh. This friction along with her lack of exercising might and bad hygiene might have caused ulcer at the lower abdomen area. Animal bites can cause cellulitis. Bacteria can also enter through areas of dry, flaky skin or swollen skin.

Several factors increasing risk of cellulitis are injury as any cut, fracture, burn or scrape gives bacteria an entry point.; weakened immune system from conditions that weaken your immune system — such as diabetes, leukemia and HIV/AIDS; skin conditions such as eczema, athlete's foot and shingles can cause breaks in the skin, which give bacteria an entry point; chronic swelling of arms or legs (lymphedema); history of cellulitis.as having had cellulitis before makes you prone to develop it again; and obesity as overweight or obese increases the risk of developing cellulitis. In this case the patient is in high risk of cellulitis as she has history of diabetes, is obese, and has had history of cellulitis before on both legs.

Cellulitis will likely be diagnosed by looking at the skin. In some cases, some blood tests or other tests will be suggested to help rule out other conditions.

Pathophysiology References (2) (APA):

Capriotti, Theresa M. and Frizzell, Joan Parker, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2016). *Faculty Bookshelf* 75.

Pamela, Swearingen L. and Jacqueline, Wright D, "All-in-One Nursing Care Planning Resource" (2019). *Faculty Bookshelf* 75.

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	4.10 – 5.7	4.13	3.78	Anemia due to infection from the wounds.
Hgb	12.0 – 20.0	12.3	11.4	Anemia due to infection from the wounds.
Hct	37% - 51%	37.9	34.8	Anemia due to infection from the wounds.
Platelets	140 – 400	312	279	
WBC	4.0 – 11.0	9.0	11.5	Elevated WBC to fight against the infection from the wound
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
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	137	138	
K+	3.5 – 5.1	4.1	4.0	
Cl-	98 – 107	102	104	
CO2	21 – 32	28	27	
Glucose	60 – 99	128	123	History of diabetes
BUN	7 – 18	11	9	

Creatinine	0.70 – 1.3	0.74	0.78	
Albumin	3.4 – 8.0			
Calcium	8.5 – 10.1	9.0	8.8	
Mag	1.6 – 2.6			
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR Chest Single View Portable: Heart size is borderline to mildly enlarged.

CT Abdomen Pelvis with contrast to indicate abdominal acute nonlocalized

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

Medications (5 required)

Brand/ Generic	Vancomycin/ Vancocin	Insulin lispro/Hu malog	Glucagon/ SOLR	Furosemide /lasix	Enoxaparin/ lovenox
Dose	1500mg	2-6 units	1mg	40mg	40mg
Frequency	Every 12 hours	nightly	PRN	daily	Every 12 hours
Route	intravenous	subcutane ous	subcutaneou s	oral	subcutaneous
Classificatio n	antibiotic	antidiabeti c	Antihypogly cemic	antihyperte nsive	Anticoagulant

Mechanism of Action	Inhibit bacterial RNA and cell wall synthesis	Stimulating peripheral glucose uptake, and inhibit glucose production	Increase adenylate cyclase products	Inhibit sodium and water reabsorption	Potentiate antithrombin
Reason Client Taking	To treat infection from cellulitis	Improve glycemic control in patient with diabetes mellitus.	To provide treatment in severe hypoglycemia situation	To reduce edema	To prevent vein thrombosis
Contraindications (2)	Hypersensitive to corn	Chronic lung disease	Hypersensitive to glucagon	anuria	Active major bleeding
Side Effects/ Adverse Reactions (2)	Chills, depression	confusion, dizziness	Hypertension, hypotension	Dizziness, fever	Confusion, fever

Medications Reference (APA):

Institute for Safe Medication Practice: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Barlett Learning. (2020). 2020 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation:	Alerted and oriented to person, place, time No acute physical distress
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Distress: Overall appearance:	
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Skin is warm, no rashes, or lesions on exposed skin, bruise in the brachial area Opened wounds in the lower abdominal area Skin appears pale Drainage in the abdominal area with discharge No palpable cervical or supraclavicular adenopathy bilaterally
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head atraumatic and normocephalic Neck supple without goiter or tracheal deviation Pupils equal bilaterally, no icterus, conjunctival exudate bilaterally No ear discharge, no facial swelling, no external otitis/rhinitis/pharyngitis/oral thrush No pain or visual disturbance
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 checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: both legs	Clear S1&S2 sound, regular rhythm, no murmurs, gallops, or rubs No chest pain Peripheral pulses are palpable Cap refill is less than 3 second Edema present on both legs No cyanosis
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Equal air entry bilaterally Coarse breath sound Distant lung sound due to obesity shortness of breath from time to time No chest tightness No cough, choking Positive Homen's sign
GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: 11/3/2020	Lest lower abdominal wall diffuse erythema and tenderness under the panus The area is pretty tender with bad odor and multiple ulcers with minimal amount of pus No bloody discharge from right side of abdomen and thigh No diarrhea.

<p>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 checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Nausea and vomiting</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Small amount of urine Urine is dark yellow, no odor</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Negative for myalgias, joint swelling, and arthralgias Limited assistance – one person assist no cyanosis</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Alert, oriented Move 4 extremities spontaneously and symmetrically No focal weakness, cranial nerves normal</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):	Not Religious English only Live with and have a good relationship with children Under depression from the pain and the whole situation Talking to children or sleeping as coping method
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:40 a.m.	85 radial	125/76 recliner/left arm radial	16	98.3 (oral)	91% Room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00 a.m.	4	Lower abdominal and thigh	mild	Burning, sharp	Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1250ml from IV, and PO Food 100%	150 ml from urine, and draining from the wound

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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. Sepsis related cellulitis as evidence by elevated WBC	Patient has history of diabetes which increasing the chance of infection from cellulitis	1. promote good hygiene, keep skin warm and dry 2. place clothes in between lower abdominal and thigh to prevent skin from touching skin	Goal met as the skin was kept dry and clean all day, no bad odor
2. Pain related to cellulitis as evidence by sharp, burning pain in the abdominal area	Pain was the chief complaint of the patient.	1. Giving pain medication as needed 2.Promote activity like walking for 50 feet after breakfast	Goal met as the patient agreed to participate in the activity, felt better after, and did not complaint about the pain.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Pain
Purulent bloody discharge
Depressed
Sad
Sleepy

Nursing Diagnosis/Outcomes

Sepsis related cellulitis as evidence by elevated WBC/ Goal met as the skin was kept dry and clean all day, no bad odor

Pain related to cellulitis as evidence by sharp, burning pain in the abdominal area/ Goal met as the patient agreed to participate in the activity, felt better after, and did not complain about the pain.

Objective Data

Chief Complaint: Left lower abdominal pain and erythema
Primary Diagnosis: Cellulitis abdominal wall
Pulse: 85
BP: 125/76
Respiratory: 16
Temperature: 98.3
O2: 91%

Patient Information

Abdominal cellulitis with history of diabetes and obesity
Pain and discharge from abdominal area
High risk of infection
Depression from the situation

Nursing Interventions

1. Promote good hygiene, keep skin warm and dry
2. Place clean clothes in between lower abdominal and thigh to prevent skin from touching skin
3. Giving pain medication as needed
4. Promote activity like walking for 50 feet after breakfast

