

N311 Care Plan # 4

Lakeview College of Nursing

Name; Destiny Bell

Demographics (5 points)

Date of Admission 11/1/2020	Patient Initials B. J	Age 27 years old	Gender Female
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies o Latex; causes a rash all over the patient's body
Code Status Full code	Height 5'4	Weight 176lbs 8oz	

Medical History (5 Points)

Past Medical History: Abortion/Terminated pregnancy

Past Surgical History:

- o Right Diagnostic Laparoscopy (11-02-2020)

Family History:

- o No family history on file, when patient was asked, she was unsure of her family's medical history

Social History (tobacco/alcohol/drugs):

- o No drug usage
- o No alcohol usage
- o Smokes about 0.25 packs of cigarettes a day

Admission Assessment

Chief Complaint (2 points): Right lower quadrant Abdominal pain and Vaginal bleeding during pregnancy

History of present Illness (10 points): B. J is a 27-year-old African American female who presents to the hospital with the complaint of right lower quadrant Abdominal pain and Vaginal bleeding during pregnancy. She states the bleeding began 2 weeks ago but recently just started

again these past 3 days. The patient sought previous treatment 2 weeks ago at another hospital where she states they diagnosed her with a ectopic pregnancy and recommended surgical management but she had denied at that time.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Right Tubal Pregnancy (Ectopic Pregnancy)

Secondary Diagnosis (if applicable): N/A

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

A ectopic pregnancy occurs when a fertilized ovum implants outside of the uterus (Capriotti 2020). Nearly 98 percent of ectopic pregnancies occur within the fallopian tube, which is where my patient's ovum implanted, however implantation can also occur in the cervix, ovaries, upper uterus or the peritoneum (Capriotti 2020). The prevalence of ectopic pregnancies is estimated at 25 cases per 1,000 pregnancies (Capriotti 2020). The **cause** of ectopic pregnancies is slow ovum transport, which may result from decreased fallopian tube motility or distorted tubal structures (Capriotti 2020). Past history of infection and scarring of the fallopian tube are the most common predisposing conditions leading to ectopic pregnancy (Capriotti 2020). **Risk factors** include pelvic inflammatory disease, therapeutic abortion, tubal ligation, previous ectopic pregnancies, intrauterine exposure to diethylstilbestrol, infertility, and the use of fertility drugs such as progestin only oral contraceptives and levonorgestrel also known as the morning after pill (Capriotti 2020). In ectopic pregnancies the embryo implants in the wrong place leading to the embryo growing to a size that cannot be accommodated by that region causing the surrounding tissue to rupture, the fallopian tube is the most common implantation site in which the embryo develops until it can no longer be accommodated by the tubule diameter and ruptures the fallopian tube (Capriotti 2020).

The **signs** of ectopic pregnancy are pain, vaginal bleeding, and amenorrhea (Capriotti 2020). Rupture of the fallopian tube causes strong intense lower abdominal pain, bleeding into the abdomen, and referred shoulder pain bleeding into the abdominal cavity (Capriotti 2020). It is frequently misdiagnosed as an acute abdominal problem such as appendicitis (Capriotti 2020). During the physical assessment we may discover adnexal tenderness or an adnexal mass (Capriotti 2020). Culdocentesis, the extraction of fluid in the “cul-de-sac” of the vaginal canal will reveal blood if a rupture has occurred and low HCG levels are found as well as the pelvic ultrasound will display an empty uterine cavity and show the gestational sac outside of the uterus (Capriotti 2020). **Treatment** requires a laparoscopic salpingostomy to remove the ectopic pregnancy if a rupture has not occurred and a salpingectomy if a rupture has occurred (Capriotti 2020). This is followed by a course of the medication methotrexate, a chemotherapeutic agent, that helps eliminate the residual pregnancy tissue and we will continue to monitor HCG levels until the pregnancy is completely resolved (Capriotti 2020).

Pathophysiology References (2) (APA):

Capriotti, Theresa M. "Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives" 2nd ed. (2020). *F.A Davis Company*.

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	4.40 - 5.80	4.04	3.69	Patient is having vaginal bleeding from an ectopic pregnancy
Hgb	13.0 - 16.5	12.8	11.5	A result of her vaginal bleeding
Hct	38.0 - 50.0	37.8	34.5	Vaginal bleeding, decreased RBC'S
Platelets	140 - 440	288	285	
WBC	4.0 - 12.0	9.30	7.80	
Neutrophils	40.0 - 68.0	N/A	N/A	
Lymphocytes	19.0 - 49.0	N/A	N/A	
Monocytes	3.0 - 13.0	N/A	N/A	
Eosinophils	0.0 – 8.0	N/A	N/A	
Bands	N/A	N/A	N/A	

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	137	N/A	
K+	3.5 – 5.1	3.4	N/A	Could be a result from her vomitting and due to certain medications
Cl-	98 – 107	103	N/A	
CO2	21 – 31	25	N/A	
Glucose	70 – 99	92	N/A	
BUN	7 – 25	9	N/A	
Creatinine	0.50 – 1.20	0.68	N/A	

Albumin	3.5 – 5.7	N/A	N/A	
Calcium	8.6 – 10.3	9.0	N/A	
Mag	1.6 – 2.6	N/A	N/A	
Phosphate	N/A	N/A	N/A	
Bilirubin	0.2 – 0.8	N/A	N/A	
Alk Phos	34 – 104	N/A	N/A	

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

*** NO URINALYSIS LABS COLLECTED ***

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity		N/A	N/A	
pH	5.0 - 9.0	N/A	N/A	
Specific Gravity	1.003 –1.030	N/A	N/A	
Glucose	NEGATIVE	N/A	N/A	
Protein	NEGATIVE	N/A	N/A	
Ketones	NEGATIVE	N/A	N/A	
WBC	NEGATIVE 0-5	N/A	N/A	
RBC	NEGATIVE 0-2	N/A	N/A	
Leukoesterase	NEGATIVE	N/A	N/A	

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

*** NO CULTURES COLLECTED ***

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	
Sputum Culture	N/A	N/A	N/A	
Stool Culture	N/A	N/A	N/A	

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):

- o Ultrasound First Trimester Pregnancy Transabdominal + Transvaginal

- Findings;

Gestation: no intrauterine pregnancy. Differential diagnosis includes early pregnancy, aborted pregnancy and ectopic pregnancy. Beta HCG correlation and follow up recommended.

Uterus/Cervix: measures 89 x 54 x 65 mm no myometrial mass

Placenta/fluid; cannot be adequately evaluated due to early gestation

Ovaries: complex cystic lesion within the right adnexa 19 x 17 x 29 mm.

Right ovary; 32 x 15 x 27 mm

Left ovary; 26 x 13 x 28 mm

No free fluid. No evidence of torsion.

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

Medications (5 required)

Brand/Generic	Dexamethasone	Ibuprofen (Motrin)	Lactated Ringers	Methotrexate (PF)	Ondansetron (Zofran)
Dose	4mg	400mg tablet	125ml/hr	95 mg	4mg
Frequency	Once a day; PRN	Q6H PRN	Continuous	Once a day	Q12H PRN
Route	Intravenous	ORAL	intravenous	intramuscular	Oral
Classification	Anti-inflammatory	NSAID ANALGESIC	n/a	Folate antagonist Antineoplastic	Antiemetic
Mechanism of Action	<p>Binds to intracellular glucocorticoid receptors and suppresses inflammatory responses by; Inhibiting monocyte and neutrophil accumulation at inflammation site and suppressing bactericidal and phagocytic action. Stabilizing lysosomal membranes. Suppressing antigen response of helper t cells and macrophages. Inhibiting synthesis of inflammatory response mediators such as cytokines, interleukins and</p>	<p>Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling and vasodilation. By inhibiting prostaglandins, this NSAID reduces inflammatory symptoms and relieves pain.</p>	<p>Fluid and electrolyte replinshment</p>	<p>May exert immunosuppressive effects by inhibiting replication and function of T and possibly B lymphocytes. Methotextrate also slows rapidly growing cells, such as epithelial skin cells in psoriasis.</p>	<p>Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomitting by preventing serotonin release</p>

	prostaglandins				
Reason Client Taking	To reduce inflammation	To relieve pain	To stay hydrated	To help the patient expel the rest of the embryo's fetal tissue.	For nausea prevention
Contraindications (2)	Idiopathic thrombocytopenic purpura Systemic fungal infections	Angioedema, asthma, bronchospasm Hypersensitivity to ibuprofen, its components or other pain relievers	Metabolic acidosis or alkalosis	Breastfeeding, hypersensitivity to methotectrate or its components, pregnancy	Concomitant use of apomorphine, congenital long QT syndrome
Side Effects/Adverse Reactions (2)	CV; Arrhythmias Bradycardia EENT; Blurred vision	CNS; Aseptic meningitis, Seizures CV; Heart failure, MI	Fever, infection at the injection site, cough, decreased blood pressure	CV: chest pain GI; abdominal pain GU; hematuria	CNS; hypotension CV; Arrhythmias Other; angioedema

Medications Reference (APA):

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

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: ALERT Orientation: ORIENTATED Distress: NO DISTRESS Overall appearance: WELL TAKEN CARE OF</p>	<p>Patient is alert and orientated x3. No signs of apparent distress Patient appears well groomed, well cared for. not diaphoretic</p>
<p>INTEGUMENTARY: Skin color: pink Character: dry Temperature: warm Turgor: 2+ Rashes: none noted Bruises: some noted at incision sites Wounds: none Braden Score: 22 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patients skin is pink, dry and warm temperature. Turgor is normal at 2+, no rash or wounds noted. Some bruising noted around incision site No edema, cyanosis or clubbing visualized.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Atraumatic and Normocephalic Neck is supple with no distended veins Tympanic membrane visualized (pearly gray) Conjunctiva clear No sclera icterus or pallor Perla and EOMI is normal Pupils equal, round and reactive to light No deviated septum visualized No tracheal deviation seen Oral cavity is moist and clear.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: 2+ bilaterally Capillary refill: normal Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>. Patient is in a normal rate and rhythm s1 and s2 are present. No murmurs or gallops noted. Patient has no complaints of chest pain, no orthopnea or PVD. No ceratoid bruit noted. Radial pulses 2+ bilaterally Capillary refill is normal at under 2 seconds.</p>

<p>Location of Edema: none noted</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Patients lungs are clear bilaterally. No wheezes, Ronchi, rales or crackles heard.</p>
<p>GASTROINTESTINAL: Diet at home: REGULAR Current Diet: REGULAR Height: 5'4 Weight: 176 LBS 8 OZ Auscultation Bowel sounds: NORMAL Last BM: 10/31/2020 Palpation: Pain, Mass etc.: NO tenderness Inspection: Soft Distention: none Incisions: Scars: none Drains: none Wounds: none 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>Patient is currently not experiencing any nausea, vomiting or diarrhea. Bowel sounds are audible and active throughout all quadrants. Abdomen is soft and non-tender with no distention. Patient has no masses, rebound tenderness or no guarding Patient has laparoscopic incisions/ 2 port sites on her abdomen, they are closed with no redness noted</p>
<p>GENITOURINARY: Color: yellow with hints of blood Character: hints of blood, no foul odor Quantity of urine: unmeasurable amount Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Urine is yellow with hints of hematuria Unmeasurable amount obtained No dysuria No increase in urgency or frequency No foul odors</p>
<p>MUSCULOSKELETAL: Neurovascular status: Cognitive ROM: able to perform on own Supportive devices: none Strength: normal ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 2 Activity/Mobility Status: standby assist Independent (up ad lib) <input type="checkbox"/></p>	<p>Patient is cognitive and alert. Pt is able to perform all tasks independently just may need help setting supplies up and a standby assist. No lift equipment is needed. Patient has normal bilateral strength in her hands and lower extremities.</p>

<p>Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" 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: oriented Mental Status: cognitive, no delays Speech: clear Sensory: normal LOC:</p>	<p>Patient is alert and orientated and able to answer questions clearly with full understanding of the questions asked. Perla normal upon inspection Strength equal in bilateral extremities No neurological deficits</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>Patient is calm, cooperative and accepting. Patient has no cognitive delays. Patient did not state if they practice a certian religion. Patient lives at home with her child and significant other</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0739	77 bpm Left radial pulse	119/77 Left arm	18 respirations	98.6 oral	100% on room air
1112	76 bpm Left radial pulse	119/77 Left arm	16 respirations	98.1 oral	100% Room air

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1109	Numeric	Abdomen	9	Dull, aching	Pain medication given

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
500ml intravenous	Voided unmeasurable amount
100% of breakfast	Vomited unmeasurable amount
80% Lunch	

Nursing Diagnosis (15 points)

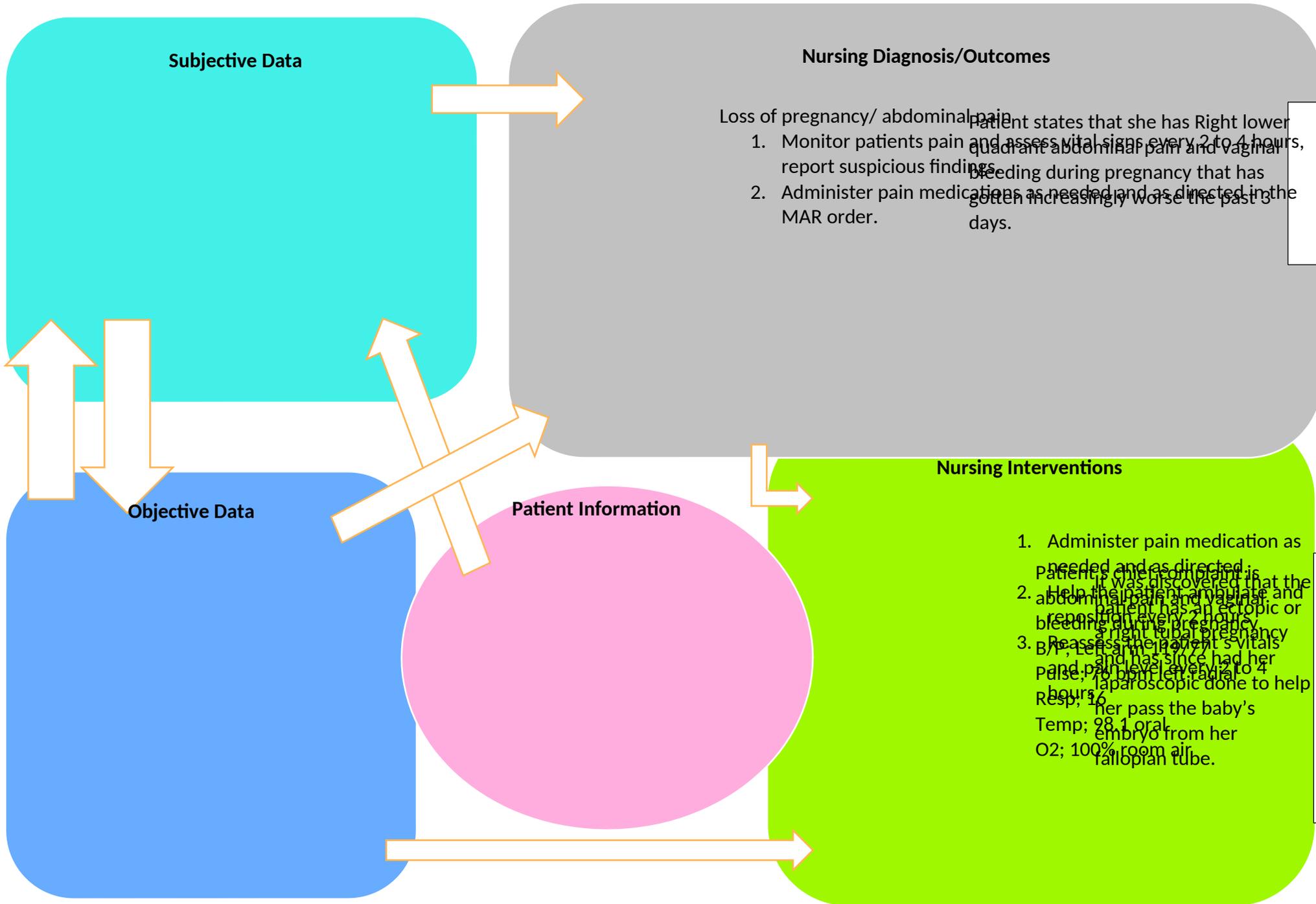
Must be NANDA approved nursing diagnosis

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.
<p>1. Ineffective childbearing</p>	<p>I chose this diagnosis for the patient because she is currently experiencing a tubal pregnancy which is when the embryo implants in the fallopian tube and ultimately can cause a rupture in the baby isn’t removed</p>	<p>1.Encourage early prenatal care for her next pregnancy</p> <p>2.explain the risks smoking and substance use has during pregnancy</p>	<p>Patient understands the interventions and goals, but these were not fully met. She plans to implement these plans for her next pregnancy in the future.</p> <p>Patient states she understands the risk of smoking and that she was trying to wean herself off of them.</p>
<p>2. Decreased ability to cope</p>	<p>Patient is having to go through the loss of her baby in this current pregnancy which makes them feel vulnerable and they have very little support systems or</p>	<p>1. Provide the patient with support groups, written information, internet chat groups, etc</p> <p>2. Identify the patients support</p>	<p>The patient was very open when it came to discussing what she has just experienced and has the support of her significant other at home, goal met because she was able</p>

	people who understand what they are experiencing	systems. If possible, assess their interactions with the patient and assist with a plan to adapt to new life changes	to talk about the loss and the changes she has ahead of her
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Other References (APA):

Concept Map (20 Points):



Subjective Data

Loss of pregnancy/ abdominal pain patient states that she has Right lower quadrant abdominal pain and vaginal bleeding during pregnancy that has gotten increasingly worse the past 3 days.

1. Monitor patients pain and assess vital signs every 2 to 4 hours, report suspicious findings.
2. Administer pain medication as needed and as directed in the MAR order.

Nursing Diagnosis/Outcomes

Objective Data

Patient Information

Nursing Interventions

1. Administer pain medication as needed and as directed.
 2. Help the patient ambulate and reposition every 2 hours.
 3. Reassess the patient's vitals and pain level every 2 to 4 hours.
- It was discovered that the patient has an ectopic or a right tubal pregnancy and has since had her laparoscopic done to help her pass the baby's embryo from her fallopian tube.
- B/P; 100/60
Temp; 98.1 oral
O2; 100% room air
Resp; 16

