

N311 Care Plan #4

Lakeview College of Nursing

Kaitlyn N. Holycross

Demographics (5 points)

Date of Admission 11/2/2020	Patient Initials DKL	Age 64 y.o (2/19/56)	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired Office Manager	Marital Status Divorced	Allergies None
Code Status Full code (no ACP doc)	Height 4'11"	Weight 298 lbs (127 kg) BMI >40	

Medical History (5 Points)

Past Medical History: Congestive heart failure, COPD, diabetes, GERD, hypertension

Past Surgical History: Joint replacement and tonsillectomy

Family History: Mother- Congestive heart failure, type 2 diabetes

Father- Type 1 diabetes, and heart problems according to pt

Social History (tobacco/alcohol/drugs):

Smokes cigarettes, 1 pack a day. No smokeless tobacco. No alcohol use. No drug use

Admission Assessment

Chief Complaint (2 points): Lower left abdominal pain and erythema

History of present Illness (10 points):

Patient experienced pain in lower left abdominal area around 2 weeks ago. No discharge was coming from it. Four days ago clear discharge started coming from it, along with bloody purulent discharge. After the patient was admitted, a course of action was taken to clear up cellulitis.

Cellulitis is when bacteria enters a break in the skin. It can cause a various amount of signs and symptoms including fever, redness, swelling, blisters, red spots, etc. This patient has it all along her lower abdomen, into her groin area. Her skin has formed a thick, hardened layer on her lower stomach. It is dimpled, red, inflamed, warm, and has some blisters or open wounds. The patient complains of itching and burning when someone touches it.

Primary Diagnosis

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

Secondary Diagnosis (if applicable): COPD

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

According to Mayo Clinic “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”. Cellulitis can occur anywhere on the body, but is most common on the lower legs. This patient experiences it on her lower abdomen which is not as common. Cellulitis is a result of bacteria entering a break in a person’s skin. The problem occurs when it goes untreated and begins to spread to the lymph nodes and through the bloodstream. If the bacteria spreads to those areas, it can become life-threatening. Luckily cellulitis is not transferred from person to person, it is just transferred through an open break in the skin. The most common bacteria involved are staphylococcus or streptococcus. The symptoms that this patient experiences are very common ones such as redness, swelling, tenderness, pain, warmth, fever, red spots, blisters, and even skin dimpling. Unfortunately, this patient experiences or has experienced all of these symptoms over the course of her diagnosis. Edema of that area is also very common if a person has cellulitis on the lower limb. Keeping the area clean and dry is very important which is where this patient is lacking. One of the main reasons cellulitis needs to be properly treated is because if it was caused by staphylococcus, then the patient could develop MRSA. MRSA stands for methicillin-resistant staphylococcus and can be deadly. Having a weakened immune system such as diabetes, had an injury, preexisting skin conditions, lymphedema, or obesity can put you at risk for cellulitis. This patient falls under a weakened immune system, and obesity for a risk factor.

Cellulitis can go away with treatment, antibiotics, etc. There is a higher risk for someone to contract cellulitis again if they previously had it. Once it has been diagnosed, proper cleaning with soap and water is necessary. Also, applying creams for protection, covering any wounds, and watching closely for worsening condition or infection is key to recovering.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd edition). Philadelphia: F.A. Davis.

Mayo Clinic: *Cellulitis*. (February 6th, 2020). [https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762#:~:text=Cellulitis%20\(sel%2Du%2DLIE,face%2C%20arms%20and%20other%20areas.](https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762#:~:text=Cellulitis%20(sel%2Du%2DLIE,face%2C%20arms%20and%20other%20areas.)

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	4.40-5.80x10 ⁶ /mcL	3.59	NA	Could be vitamin B6, B12, or folate deficient. Poor nutrition (malnourished). Or possible internal bleeding.
Hgb	13.0-16.5g/dL	10.8	NA	Anemia
Hct	38.0-50%	33.0	NA	Insufficient supply of RBC (anemia). Leukemia or lymphoma. Large

				number of WBC due to infection or illness. Vitamin or mineral deficiency
Platelets	140-440x10 ³	291	NA	
WBC	4.00-12.00x10 ³ /mcL	6.80	NA	
Neutrophils	40.0- 68.0%	57.8	NA	
Lymphocytes	19.0-49.0%	1.90	NA	Infection or illness (most likely due to cellulitis)
Monocytes	100-700	0.70	NA	Bloodstream infection
Eosinophils	0.0- 6.0	0.20	NA	
Bands	0-500	NA	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-	134-145mEq/L	138	NA	
K+	3.6-5.2	4.2	NA	
Cl-	98-107mEq/L	103	NA	
CO2	23- 29	27	NA	
Glucose	70-100	112	NA	Diabetic
BUN	7-20	12	NA	
Creatinine	0.6-1.3	0.53	NA	
Albumin	3.4-5.4	4.2	NA	
Calcium	8.7-10mg/dL	9.0	NA	

Mag	1.7-2.2	1.9	NA	
Phosphate	3.4-4.5	NA	NA	
Bilirubin	0.1-1.2	0.3	NA	
Alk Phos	20-130	65	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		NA		
pH		NA		
Specific Gravity		NA		
Glucose		NA		
Protein		NA		
Ketones		NA		
WBC		NA		
RBC		NA		
Leukoesterase		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
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Urine Culture		NA		
Blood Culture		NA		
Sputum Culture		NA		
Stool Culture		Negative		C Dif toxin B-neg

Lab Correlations Reference (APA):

Capriotti, T. (2020). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives (2nd edition)*. Philadelphia: F.A. Davis.

MedlinePlus. (2020). *MedlinePlus: U.S National Library of Medicine*. <https://medlineplus.gov/>

Medscape. (2020). *Medscape*. <https://reference.medscape.com/>

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

11/2/20

- Xr chest single view portable:

Single frontal portable view made of the chest demonstrates. The heart size to be borderline to mildly enlarged. The hilar, perihilar and apical structure are unremarkable. Borderline to mild central pulmonary congestion. The costophrenic angles are clear. No mediastinal or osseous abnormality.

10/28/15

- Xr lower extremity-migrated

Portable radiograph has been done. Prosthesis noted in the upper tibia. Radiopaque substance noted around the distal shaft of the femur. This is seen in the retro patellar area in the lateral view. Fibula appear unremarkable.

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

Medications (5 required)

Brand/Generic	Albuterol 108 (90 base) MCG/ACT Aerosol solution	Fluticasone 22 MCG/ACT Aerosol (Flovent HFA)	Furosemide (LASIX)	Lisinopril (Prinivil, Zestril)	metformin (Glucophage)
Dose	2 puffs	2 puffs	20 mg	20 mg	500 mg
Frequency	Every 4 hrs as needed	2 times daily	2 times daily	Every morning	2 times daily
Route	Inhalation	Inhalation	Oral	Oral	Oral
Classification	Bronchodilator	Corticosteroid	Diuretic	ACE inhibitor	Biguanide
Mechanism of Action	Albuterol acts on beta-2 adrenergic receptors to relax the bronchial smooth muscle and inhibits the release of immediate hypersensitivity mediators from cells, especially mast cells	Binds and activates glucocorticoid receptor, resulting in the activation of lipocortin. Lipocortin inhibits cytosolic phospholipase A2, which triggers a cascade of reactions involved in	Inhibits the luminal Na-K-cl cotransporter in the thick ascending limb of the loop of Henie, by binding to the chloride transport channel, this causing sodium, chloride,	Inhibits angiotensin-converting enzyme (ACE) in human subjects and animals. ACE is a peptidyl dipeptidase that catalyzes the conversion of the angiotensin 1 to the	Decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and

		the synthesis of inflammatory mediators, such as prostaglandins and leukotrienes	and potassium loss in urine	vasoconstrictor substance, angiotensin 11. Angiotensin 11 also stimulates aldosterone secretion by the adrenal cortex	utilization
Reason Client Taking	COPD	COPD	Leg edema	Hypertension	Diabetes
Contraindications (2)	Overactive thyroid gland Diabetes	Thrush Active tuberculosis	Diabetes Low amount of magnesium in the blood	Hyperkalemia Angioedema	Renal dysfunction Impaired hepatic function
Side Effects/Adverse Reactions (2)	Fast or irregular heart rate Shakiness	Headache Fever	Thirst Muscle cramps	Chronic dry cough Headaches	Diarrhea Stomach pain

Medications Reference (APA):

2020 Nurse's Drug Handbook (9th edition). (2020). Burlington, MA, MA: Jones & Bartlett Learning.

NCBI. (2020). NCBI: *National Center for Biotechnology Information*.

<https://www.ncbi.nlm.nih.gov/>

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Alert Orientation: Oriented x4 Distress: No acute distress Overall appearance: Clean, bathed, and combed hair</p>	
<p>INTEGUMENTARY: Skin color: Pink, with a little natural color. Pt is fair skinned which is proper for her race Character: Dry Temperature: Warm Turgor: Normal skin turgor, hydrated Rashes: From cellulitis Bruises: No bruising visible Wounds: A couple of tears in the skin, along with effects of cellulitis Braden Score: 9 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The cellulitis was all along the lower abdomen, in the groin area as well. It made her skin red, inflamed, itchy (according to pt), patchy, bumpy, and caused her skin to harder at the edge of her stomach</p>
<p>HEENT: Head/Neck: Symmetrical, no lumps on head, no palpable lymph nodes Ears: Good condition upon inspection, no obvious drainage and could respond well Eyes: Green/blue eyes. Overall, white, clear, no drainage, no irritation, passed PERRLA and ROM, symmetrical Nose: No deviated septum, symmetrical upon inspection Teeth: No teeth, good gum condition</p>	<p>Pt has glasses for reading and to see things at a distance</p>
<p>CARDIOVASCULAR: Heart sounds: Clear, no palpitation or irregularity, no murmurs detected S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): NA Peripheral Pulses: Strong, easy to find except brachial was tougher Capillary refill: Less than 3 seconds 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:</p>	

<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Breath sounds clear, no crackles, no rhonchi, no wheezing, no difficulty breathing, breaths were symmetrical</p>	<p>.</p>
<p>GASTROINTESTINAL: Diet at home: Eats lighter during the day, cooks a big meal for family at night Current Diet: Cardiac diet Height: 4'11" Weight: 184 lb Auscultation Bowel sounds: Clear bowel sounds Last BM: At 1100 Palpation: Pain, Mass etc.: Inspection: Normal Distention: Normal Incisions: None present Scars: None visible Drains: None Wounds: Rashes 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>BMI is >40 Breakfast- Sometimes cereal/eggs. Pt doesn't really like to eat breakfast Lunch- Soup/sandwich Dinner- Chicken/fish</p>
<p>GENITOURINARY: Color: Clear/Yellow Character: Quantity of urine: 150 mL 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>MUSCULOSKELETAL: Neurovascular status: No pain, not pale, pulse is good ROM: Full range of motion, becomes slightly wobbly when standing for awhile Supportive devices: Walker, lift chair Strength: Good strength is lower legs and</p>	<p>Pt can walk from chair to bed, or chair to commode with help of a walker</p>

<p>upper body ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 8 Activity/Mobility Status: Mobile 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>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: Effective at communicating Mental Status: Easy to carry a conversation with and seemed to be very knowledgeable about her life and experiences. She is still raising her children and helping to raise her grandchild. Deals with diagnoses well Speech: Speaks clear English Sensory: Aware LOC: Fully aware</p>	<p>Pt deals with occasional depression</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Pt likes to be alone in order to deal with mental stress or pain Developmental level: Appropriate for age Religion & what it means to pt.: Goes to a Nazarene church. The people at church help out and check up on her which means a lot Personal/Family Data (Think about home environment, family structure, and available family support): Has five children that she adopted, four still live at home. She has a grandson that also lives with her. They have a chihuahua and a cat for a pet</p>	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0757	72	146/79 (On left arm)	18 BPM	99.3 (Oral)	90 (Room air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0757	2	Lower abdomen	Not severe	Itching, throbbing	Cream, powder

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Ham omelet (ate all of it), approximately 8 oz of water. Didn't want lunch when I was there.	150 mL of urin. Bowel movement at 1100, used the commode.

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.
<ol style="list-style-type: none"> 1. Risk for infection: Pt has risk for infection due to cellulitis. The cellulitis is in bad condition 	This nursing diagnosis was chosen because a bad infection could lead to much worse problems which require medical	<ol style="list-style-type: none"> 1.Keep the area clean and dry. The nurse placed a towel in between the lower part of her legs, and her stomach. This 	The goal would be for the blanket or towel to keep the moisture out of the crease of her abdomen. The moisture is her biggest enemy. Another goal would be for the pt to

<p>with open sores. The cellulitis in itself is an infection, however, it can become inflamed and become worse. There is too much moisture involved causing it to become inflamed and cause sores. Proper hygiene and keeping the area dry could help prevent further issues.</p>	<p>attention. Pt is also at a high risk for an infection with the open sores that have formed. The pt has been diagnosed with cellulitis which is a bacterial infection of the inner layers of the skin. The condition can become worse if not taken care of properly.</p>	<p>helped keep them separate and keep any moisture from forming. The pt is severely overweight which makes it hard to keep the area dry. Her stomach hangs over her thighs which is where the moisture is being held. Using a warm wash cloth and some soapy water could clean the area just fine. Doing this daily, followed up with a wash cloth with only water and then drying it would help.</p> <p>2. Apply the creams and powders prescribed to help heal her skin. The powders help with the itching and moisture. The cream helps with itching, as well as inflammation and the infection. Also, making sure to place a clean bandage over open wounds so they don't continue to rub against the skin is important for them to heal.</p>	<p>keep the area clean. Drying it properly after is very important as well. Using a wet wash cloth and some soap could help keep the area clean every day. The creams, and powders would be applied after being cleaned every day until symptoms can subside.</p> <p>“The pt states “I have been keeping up my skin hygiene and keeping the area dry. These steps have allowed me some relief from the itching, and for me to manage it from home. I have my daughter help me which is amazing”.</p>
<p>1. Sedentary lifestyle: I chose this as</p>	<p>This nursing diagnoses was chosen because the</p>	<p>1. Every day have the pt get up and walk around the</p>	<p>The goal would be for the pt to recognize the need for mobility and for her</p>

<p>her second nursing diagnosis. Pt clearly struggles with weight issues which in terms have made her health problems worse. She has a past family history of congestive heart failure and diabetes on both of her parents side. Her being overweight is causing harm to her heart, and affecting her cellulitis. She did not lead me to believe her diet was bad, but she does sit around all day which could lead to future problems. The pt can walk with the walker, so mild walks along with some arm or leg exercises could help improve her weight and health problems.</p>	<p>pt has a very sedentary lifestyle which has most likely aided in her health problems. Pt is not too old or disabled to do mild exercises that would increase blood flow, raise her heart rate, help with diabetes, and possibly lose some weight which would help her cellulitis. Her skin condition is worse because it cannot get air to dry itself out do to overlapping fat. Mild exercises could help reduce these problems and allow her to live longer for her children.</p>	<p>house or outside with her walker and someone with her. Having someone help motivate her, hold her accountable, and make sure she is safe and doesn't become too exhausted is helpful. Working her way up to 20 minutes of walking would help. It isn't about how long necessarily as long as she is getting some activity.</p> <p>2. Along with the walking, the pt could do some mild arm and leg exercises. Range of motion, maybe with a small weight would be helpful. Sitting down while doing this would be safer and easier. Just allowing her legs and arms to have some movement with a little resistance is helpful. Doing this a couple times a week for ten minutes could really improve circulation and mobility/strength.</p>	<p>health. Knowing it would help her live longer, and help her conditions would be a good first step. Being cautious of her COPD and understanding she may get winded easier is understandable. Hard workouts are not the goal. Mobility and moving around is the goal. The other goal would be for the pt to see results from her mild exercises. Her tummy would decrease in size which would help her cellulitis.</p> <p>The pt states "I feel like I have more energy, and my health is better managed with these mild exercises. My children notice a difference in my mood as well. Since I deal with mild depression, it helps with hormone levels. It is easier to care for my wounds and cellulitis since I was able to lose some weight. Overall, incorporating some mild activity has helped my way of life".</p>
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Other References (APA):

Swearingen, P.L., & Wright, J.D. (2019). *All-in-one nursing care planning resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric*- Philadelphia, Missouri: Elsevier Health Sciences

Concept Map (20 Points):

Subjective Data

Pt reports pain in lower left abdomen
Pt had a pain level of 2 with discomfort from her cellulitis
Her cellulitis caused major itching and inflammation

Nursing Diagnosis/Outcomes

Patient has been diagnosed with cellulitis of the lower left abdomen. Patient came in with complaints of pain and bloody discharge coming from her wounds. She experiences many open wounds along with the cellulitis. She has trouble keeping the area clean and dry for proper recovery. The goal is to utilize antibiotics, creams, and powders to help heal the skin condition.

Objective Data

Pt was diagnosed with cellulitis of the lower abdomen
Patient has been diagnosed with diabetes and COPD
Patient is applying cream and powder to the area to heal and keep the area dry
Patient has some open sores

Patient Information

Patient is a 64 year old female. She is 198 pounds, and is 4'1". Her BMI indicates she is obese. Patient has been diagnosed with cellulitis. Patient is also diabetic and deals with COPD from smoking.

Nursing Interventions

The proper interventions would be to keep the area clean and dry. Washing it with soap and water daily, and then making sure to dry the area very well. Also, taking antibiotics and applying creams can help with the infection and lower the redness and swelling she is experiencing. Lastly, ensuring that her open wounds stay clean and covered so they do not continue to rub and become bloody and open again will allow them to heal properly.



