N311 Care Plan # 3

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 11/11/2020	Patient Initials MH	Age 62	Gender F
Race/Ethnicity African American	Occupation Retired	Marital Status Single	Allergies Non
Code Status Full	Height 5'7"	Weight 313lb	

Medical History (5 Points)

Past Medical History:

Hypertension, Arthritis

Past Surgical History:

Cardiac Cath, Colonoscopy

Family History: Diabetes (mother), colon cancer (sister)

Social History (tobacco/alcohol/drugs): 0.5 pack of cigarettes daily. No alcohol or drug uses.

Admission Assessment

Chief Complaint (2 points):

Pt was experiencing excessive thirst and urination.

History of present Illness (10 points): Pt had tried for several days to make a doctor's appointment due to her experiencing excessive thirst and urination. Pt was finally seen by primary on 11-11-20 and was able to express her concerns. During this appointment a blood glucose test was preformed and the Pt's blood sugar levels were in the 400's. The Pt was sent to the OSF ER for further evaluation and admission. It was determined that the Pt was experiencing Hyperglycemia and she was then admitted 0n 11-11-20 for further testing and evaluation of her new onset of Hyperglycemia.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):.

Hyperglycemia

Secondary Diagnosis (if applicable):.

Hypertension

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

According to Capriotti Hyperglycemia is high glucose levels in the blood stream, theses levals are indicated to be high if they exceed 200mg/dL (Capriotti and Frizzell, 2016). The Pt had already presented with Hypertension in past medical history and according to medicalnewstoday.com Hypertension and diabetes share similar risk factors. These include:

Having excess weight and body fat

Following an unhealthful diet

Having an inactive lifestyle

Stress and poor sleep habits

Smoking tobacco

Older age

Having low levels of vitamin D

Having a family history of hypertension increases the risk of hypertension, while a family history of diabetes increases the risk of diabetes, particularly type 2 (medicalnewstoday.com,2020) .

Pathophysiology References (2) (APA):

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

Diabetes and hypertension: What is the relationship? (n.d.). Retrieved November 13, 2020, from https://www.medicalnewstoday.com/articles/317220

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**	**5.68**	
Hgb	12.0-16.0 g/dL	**NA**	**14.4**	
Hct	37.0-48.0%	**NA**	**46.8**	
Platelets	150-400 10^3/uL	**NA**	**187**	
WBC	4.1-10.9 10^3/uL	**NA**	**7.40**	
Neutrophils	1.50-7.70 10^3/uL	**NA**	**4.80**	
Lymphocytes	1.00-4.90 10^3/uL	**NA**	**2.10**	
Monocytes	0.00-0.80 10^3/uL	**NA**	**.40**	
Eosinophils	0.00-0.50	**NA**	**0.10**	

	10^3/uL			
Bands	**NA**	**NA**	**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-	136-145 mmol/L	**NA**	**136**	
K+	3.5-5.1 mmol/L	**NA**	**4.0**	
Cl-	98-107 mmol/L	**NA**	**101**	
CO2	21.0-32.0 mmol/L	**NA**	**26**	
Glucose	60-99 mg/dL	**NA**	**155**	
BUN	5-20 mg/dL	**NA**	**18**	
Creatinine	0.5-1.5 mg/ dL	**NA**	**0.89**	
Albumin	3.4-5.4 g/dL	**NA**	**NA**	
Calcium	8.5-10.1 mg/dL	**NA**	**9.9**	
Mag	1.6-2.6 mg/ dL	**NA**	**NA**	
Phosphate	-	**NA**	**NA**	
Bilirubin	-	**NA**	**NEG**	
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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
Color & Clarity	**Light yellow**	**NA**	**CLEAR**	
pH	5.0-7.0	**NA**	**5.0**	
Specific Gravity	**1.003-1.030**	**NA**	**1.005**	
Glucose	**Negative**	**NA**	**Neg**	
Protein	**Negative**	**NA**	**Neg**	
Ketones	**Negative**	**NA**	**Neg**	
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

Trans Thoracic Echo- Normal Systolic Function

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

Medications (5 required)

Brand/Generic	**Insulin**	**Atorvastatin (Lipitor)**	**Cyclobenzaprine (Flexeril)**	**Albuterol**	**Duloxetine (Cymbalta)**
Dose	**10 UNITS**	**40mg**	**5mg**	**2.5mg**	**60mg**
Frequency	**X3 Daily**	**Once daily**	**Once daily**	**PRN**	**Once daily**
Route	**Subcutaneous**	**Oral**	**Oral**	**Nebulization**	**Oral**
Classification	**Antidiabetic**		**skeletal muscle relaxants**	**bronchodilator**	**antidepressant**
Mechanism of Action	**Lowers blood glucose levels by stimulating peripheral glucose uptake by fat and skeletal muscles, and by inhibiting hepatic glucose productions.**	**Atorvastatin competitively inhibits 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase. By preventing the conversion of HMG-CoA to mevalonate, statin medications decrease cholesterol production in the liver. Atorvastatin also increases the number of LDL receptors on the surface**	**Primarily act at the brain stem to reduce tonic somatic motor activity, influencing both gamma and alpha motor neurons leading to a reduction in muscle spasms.**	**Albuterol acts on beta-2 adrenergic receptors to relax the bronchial smooth muscle. It also inhibits the release of immediate hypersensitivity mediators from cells, especially mast cells.**	**Duloxetine inhibits the reuptake of serotonin and norepinephrine (NE) in the central nervous system. Duloxetine increases dopamine (DA) specifically in the prefrontal cortex, where there are few DA reuptake pumps, via the inhibition of NE reuptake pumps (NET), which is believed to mediate**

		of hepatic cells.			**reuptake of DA and NE.**
Reason Client Taking	**Hyperglycemia**	**Elevated cholesterol levels**	**Pain management**	**She gets winded**	**Depression anxiety**
Contraindications (2)	**Chronic lung disease, hypersensitivity to regular human insulin**	**Active liver disease, Hypersensitivity to any component of this medication.**	**Overactive thyroid gland. Wide-angle glaucoma.**	**Overactive thyroid gland. Diabetes.**	**Increased risk of bleeding. manic-depression**
Side Effects/Adverse Reactions (2)	**Confusion, tachycardia**	**diarrhea, upset stomach, muscle and joint pain**	**Headache. Blurred vision. Drowsiness.**	**Headache, tachycardia**	**Nausea. Headache.**

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 pain.**
INTEGUMENTARY: **Skin color: pink** **Character: dry** **Temperature: warm** **Turgor: normal** **Rashes: NA** **Bruises: yes, arms** **Wounds: NA** **Braden Score: 21** **Drains present: Y☐ N ☒** **Type:NA**	**Pt skin is warm, pink, and dry, with bruising on arms bilaterally. Turgor normal, Pt has a Braden score of 21.**
HEENT: **Head/Neck:**	• **Head and neck symmetrical, trachea midline no deviation, thyroid not**

Ears: **Eyes:** **Nose:** **Teeth:**	**palpable, no noted nodules. Bilateral carotid pulses palpable.** • **Eyes bilateral sclera white, bilateral cornea foggy, conjunctive pink.** • **Nose septum midline turbinate's moist and pink.** • **Mouth pharynx moist and pink, dentation good, and mucosa pink.**
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 heard without gallops or rubs. Pt in normal sinus rhythm with, Peripheral pulses palpable. Capillary refill less then 3sec. No Edema noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular and even without laboring. Lungs sound clear throughout bilaterally.**
GASTROINTESTINAL: **Diet at home: normal** **Current Diet: diabetic** **Height: 5'7"** **Weight: 313lb** **Auscultation Bowel sounds: normal** **Last BM: 3 days ago** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: no** **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 id diabetic, Abdomen is free of tenderness, and bowl sounds normal.**
GENITOURINARY: **Color: yellow**	**Urine is yellow and clear in character, output 250ml. No pain with urination noted.**

Character: clear **Quantity of urine: 250ml** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: : RED/PINK** **Catheter: Y ☐ N ☒** **Type: NA** **Size: NA**	
MUSCULOSKELETAL: **Neurovascular status: Able** **ROM: able to preform** **Supportive devices: no** **Strength: NORMAL** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 0** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☒	**.Pt can perform ROM and ADL's without assistance. Fall score is a 0.**
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 lives alone in apartment and has a son that comes to see her often. She uses tobacco as a coping mechanism.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	**95**	**140/90**	**18**	**97.8 oral**	**96% room**

		Lf arm			**air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	**0/10**	**NA**	**NA**	**NA**	**NA**

Intake and Output (2 points)

Intake (in mL)400 mL drinking	Output (in mL)250 mL URAIN

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. Urge urinary incontinence related to Hyperglycemia. As evidenced by excessive urination.	**Pt reports having the urge to urinate often and has had a few accidents due to not being able to make it to the restroom fast enough.**	**1.** **Promote bladder training.** **2.** **Promote bathing.**	**PT agreed that timed restroom intervals may be helpful until blood sugars are under control and the frequent urination stops, Pt also understands that incontinence can cause skin break down and that proper washing is needed if accident should happen.**
2. Risk for Anxiety related to new onset of	**Pt already takes Duloxetine for anxiety and**	**1.** **Provide education to Pt in regards to**	**PT was happy to receive education, and felt better about the situation once**

diabetes. As evidenced by concerns expressed by Pt about future diabetic management and a predisposition to anxiety and depression.	**depression, and has expressed worry and concern about her new diagnosis.**	**diabetic management** **2.** **Promote meaningful conversations about any worries she may have before discharge.**	**conversations about her concerns were had.**

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 blood sugars are constantly in the 300's
0830: 335
1020: 360
1200: 380

Nursing Diagnosis/Outcomes

Urge urinary incontinence related to Hyperglycemia. As evidenced by excessive urination.
Risk for Anxiety related to new onset of diabetes. As evidenced by concerns expressed by Pt about future diabetic management and a predisposition to anxiety and depression.

Objective Data

Pt expresses that she is experiencing excessive thirst and urination.

Patient Information

Pt is 62yr old female that came in on 11/11/20 experiencing excessive thirst and urination and a blood sugar in the 400's. She is a full code.
Height: 5'7"
Weight: 313lb

Nursing Interventions

1.
Promote bladder training.
2.
Promote bathing.

1.
Provide education to Pt in regards to diabetic management
2.
Promote meaningful conversations about any worries she may have before discharge.