

N431 Care Plan #1

Lakeview College of Nursing

Hannah Glanzer

**Demographics (3 points)**

<b>Date of Admission</b> 11/08/2020	<b>Patient Initials</b> C.F.	<b>Age</b> 63	<b>Gender</b> Female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Retired Teacher	<b>Marital Status</b> Divorced	<b>Allergies</b> No known allergies
<b>Code Status</b> FULL	<b>Height</b> 162.6 cm	<b>Weight</b> 103.70 kg	

**Medical History (5 Points)**

**Past Medical History:** no previous medical diagnoses

**Past Surgical History:** history of appendectomy (2011)

**Family History:** Breast cancer (sister), type 1 diabetes mellitus (mother), type 2 diabetes mellitus (grandmother), heart disease (father), and heart attack (father)

**Social History (tobacco/alcohol/drugs):** no history of smoking cigarettes or using drugs. She claims she drinks occasionally; “maybe one or two drinks a week”.

**Assistive Devices:** she requires no use of assistive devices

**Living Situation:** she lives at home by herself and has 2 dogs

**Education Level:** she graduated with her Master’s degree and taught high school for 30+ years. There are no educational barriers to patient teaching.

**Admission Assessment**

**Chief Complaint (2 points):** acute weakness

**History of present Illness (10 points):** A 63 year old female presents to the Emergency Department for worsening weakness over the past 2 weeks. She states that when she stands up to walk her chest feels tight, her breathing becomes rapid, and she feels like she is going to faint. She also reports 2 months of coughing and left-sided abdominal pain that she describes as a “cramping” sensation. No nausea, vomiting, dysuria, or hematuria. She states that she has been

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wearing adult diapers because she is unsure if she is having vaginal discharge or if she is urinating herself. She had a fever of 101 a week ago, but has not measured her temperature since then. She denies any COVID exposure.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** complicated UTI

**Secondary Diagnosis (if applicable):** n/a

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

A urinary tract infection (UTI) is an infection in any part of the urinary system (Mayo Clinic Staff, 2020). The urinary system consists of the kidneys, ureters, bladder, and urethra (Mayo Clinic Staff, 2020). The kidneys filter waste throughout the body and create urine (Mayo Clinic Staff, 2020). From the kidney, ureters carry the urine to the bladder, where urine is stored until it leaves the body (Mayo Clinic Staff, 2020). From the bladder, a small tube called the urethra carries the urine out of the body (). Although most UTIs are found in the bladder and urethra, they can also occur in the kidneys or ureters (Mayo Clinic Staff, 2020). The most common bacteria that causes UTIs is *Escherichia coli* (E. coli), which is found in the digestive system (Martin, 2019). Although harmful bacteria are typically excreted from the body before they can cause an infection, there are some cases where the body is not able to defend itself from the bacteria and results in a UTI (Martin, 2019). When urine is created, it consists of waste products and excess water that is removed from the blood in the body by the kidneys (Martin, 2019). Sometimes bacteria can get into the urinary system and be transported through the urinary system to be excreted, which is what causes a UTI (Mayo Clinic Staff, 2020). In this patient's case, a urinary obstruction caused urinary retention, which allowed the bacteria enough time to

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enter the urinary tract. Because women have both a shorter urethra and their urethra is closer to the anus, women are more likely to develop UTIs (Mayo Clinic Staff, 2020).

When UTIs are treated promptly and correctly, they are not likely to cause permanent damage. When they are left untreated, prolonged damage can occur to the body (Mayo Clinic Staff, 2020). Some possible complications of a UTI include recurrent infections, permanent kidney damage, urethral narrowing, sepsis, and premature birth in pregnant women (Mayo Clinic Staff, 2020). Some signs and symptoms of UTIs include a strong urge to urinate, a burning sensation when urinating, frequently voiding small amounts of urine, urine that is cloudy, red/cola-colored urine, strong/foul smelling urine, flank pain, weakness, fatigue, fever, pelvic pain, and altered mental status (Mayo Clinic Staff, 2020). For this particular patient, she experienced a painful/burning sensation when urinating, cloudy urine, dark (cola) colored urine, foul smelling urine, weakness, fatigue, and abdominal/pelvic pain. The most common vital signs affected by UTIs are hypotension, tachycardia, tachypnea, fever, and hypoxemia (Mayo Clinic Staff, 2020).

One test that is done to determine if a client has a UTI is a urinalysis, which measures for red blood cells, white blood cells, specific gravity (1.010-1.030), glucose, proteins, and ketones in the urine (Cleveland Clinic, 2020). In a healthy client, a urinalysis will come back with negative values for ketones, glucose, protein, and leukoesterase (Cleveland Clinic, 2020). A normal value for WBC in the urine is 0-5 and a normal RBC value in the urine is 0-2 (Cleveland Clinic, 2020). The lab values for this particular client came back showing an increased specific gravity, 2+ protein, 1+ ketones, > 50, and negative for glucose. A urinalysis will give specific lab values while a urine culture will show a + or - for different types of bacteria (Cleveland Clinic, 2020). This client's urinalysis showed an increased specific gravity (1.031), an increased WBC count

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(>50), and an increased RBC count (21-50). A urine culture can be done to determine the type of bacteria that is in the urine (Cleveland Clinic, 2020). A urine culture in a healthy client will come back showing negative for any bacteria (Cleveland Clinic, 2020). This client's urine culture came back showing a positive value for E.coli in the urine as well as mixed urogenital flora in the urine. Other tests that can be done to confirm the diagnosis of a UTI include an ultrasound, cystoscopy, and a CT scan (Cleveland Clinic, 2020). An ultrasound can visualize the internal organs, a cystoscopy is used to visualize the inside of the bladder from the urethra, and a CT scan can be done as another visualization tool (Cleveland Clinic, 2020). This client's CT scan showed a slightly atrophic pancreas, a distended bladder, and a large uterine mass. Based on the mentioned lab values, the diagnostic findings, and the symptoms experienced by this client, she was diagnosed with a UTI.

Antibiotics are usually the first line of treatment when it comes to a UTI (Cleveland Clinic, 2020). The type of antibiotic given can differ based on each client's situation. Some common antibiotics given to treat UTIs include Ceftriaxone, Keflex, Macrobid, Monurol, and Bactrim (Cleveland Clinic, 2020). Although the symptoms a client experiences due to a UTI may resolve within a few days, it is extremely important to complete the entire course of medication that was prescribed by the physician (Cleveland Clinic, 2020). In addition to an antibiotic, some physicians may also prescribe a pain medication to help subside severe pain experienced as a result of the UTI (Cleveland Clinic, 2020). This client is currently taking Ceftriaxone to treat the UTI along morphine as needed for moderate pain.

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**Pathophysiology References (2) (APA):**

Cleveland Clinic. (March 7, 2020). Urinary tract infections: diagnostics and tests.

Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/9135-urinary-tract-infections/diagnosis-and-tests>

Martin, P. (April 12, 2019). Urinary tract infection. *Nurseslabs*.

<https://nurseslabs.com/urinary-tract-infection-nursing-care-plans/3/>

Mayo Clinic Staff. (2020). Urinary tract infection. *Mayo Clinic*.

<https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447>

**Laboratory Data (15 points)**

**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	3.80-5.30	4.03	3.82	no abnormalities noted
Hgb	12-15.8	13.4	14.0	no abnormalities noted
Hct	36-47%	38%	42%	no abnormalities noted
Platelets	140-440	766	673	C-reactive protein (accompanies infection) may increase which stimulates IL-6, which then stimulates platelet production in the bone marrow (Capricott, 2016).
WBC	4-12	27.7	18.9	Increased WBC indicates the body is trying to fight off an infection (UTI) (Capricott, 2016).
Neutrophils	47-73%	91.2%	not tested	no abnormalities noted
Lymphocytes	18-42%	4.6%	not tested	no abnormalities noted
Monocytes	4-12%	3.0	not tested	no abnormalities noted
Eosinophils	0.0-5.0%	0.0%	not tested	no abnormalities noted
Bands	0.0-5.0%	not tested	not tested	no abnormalities noted

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	134	137	no abnormalities noted
K+	3.5-5.1	4.31	4.55	no abnormalities noted
Cl-	98-107	98	102	no abnormalities noted
CO2	21-31	14.3	19	Kidney disease or infection can increase the body's production of acid, which in turn reduces the amount of CO2 produced (Capricott, 2016).
Glucose	70-99	112	85	The body is not producing enough insulin due to atrophic pancreas (Capricott, 2016).
BUN	7-25	21	18	no abnormalities noted
Creatinine	0.50-1.20	0.81	0.68	no abnormalities noted
Albumin	3.5-5.7	2.7	2.5	Hypoalbuminemia can be caused by an acute inflammatory response (fighting off a UTI) (Capricott, 2016).
Calcium	8.6-10.3	9.9	9.8	no abnormalities noted
Mag	1.6-2.6	2.1	not tested	no abnormalities noted
Phosphate	3.4-4.5	not tested	not tested	no abnormalities noted
Bilirubin	0.0-1.2	0.3	0.2	no abnormalities noted
Alk Phos	34-104	154	134	Damage to the liver or bile ducts can increase alkaline phosphatase levels (MRI showed hepatomegaly) (Capricott, 2016).
AST	13-39	22	24	no abnormalities noted

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<b>ALT</b>	7-52	9	8	no abnormalities noted
<b>Amylase</b>	30-110	not tested	not tested	no abnormalities noted
<b>Lipase</b>	0-59	24	not tested	no abnormalities noted
<b>Lactic Acid</b>	0.36-1.25	not tested	not tested	no abnormalities noted
<b>Troponin</b>	0-0.4	0.300	0.300	no abnormalities noted
<b>CK-MB</b>	3-5%	not tested	not tested	no abnormalities noted
<b>Total CK</b>	22-198	not tested	not tested	no abnormalities noted

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

**\*\*tests not done\*\***

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	not tested	not tested	not tested	n/a
<b>PT</b>	not tested	not tested	not tested	n/a
<b>PTT</b>	not tested	not tested	not tested	n/a
<b>D-Dimer</b>	not tested	not tested	not tested	n/a
<b>BNP</b>	not tested	not tested	not tested	n/a
<b>HDL</b>	not tested	not tested	not tested	n/a
<b>LDL</b>	not tested	not tested	not tested	n/a
<b>Cholesterol</b>	not tested	not tested	not tested	n/a
<b>Triglycerides</b>	not tested	not tested	not tested	n/a
<b>Hgb A1c</b>	not tested	not tested	not tested	n/a
<b>TSH</b>	not tested	not tested	not tested	n/a

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**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
<b>Color &amp; Clarity</b>	clear, yellow, colorless	yellow, turbid	test not repeated	no abnormalities noted
<b>pH</b>	5.0-9.0	5.0	test not repeated	no abnormalities noted
<b>Specific Gravity</b>	1.003-1.030	1.031	test not repeated	A urinary tract infection causes specific gravity to increase (more solid materials in the urine) (Capricott, 2016).
<b>Glucose</b>	+/-	(-)	test not repeated	no glucose found in urine
<b>Protein</b>	+/-	2+	test not repeated	A urinary tract infection causes a build up of protein in the urine (no excretion of waste) (Capricott, 2016).
<b>Ketones</b>	+/-	1+	test not repeated	A urinary tract infection causes a build up of ketones in the urine (no excretion of waste) (Capricott, 2016).
<b>WBC</b>	negative, 0-5	> 50	test not repeated	A urinary tract infection causes a build up of WBC in the urine (no excretion of waste) (Capricott, 2016).
<b>RBC</b>	negative, 0-2	21-50	test not repeated	A urinary tract infection causes a build up of RBC in the urine (no excretion of waste) (Capricott, 2016).
<b>Leukoesterase</b>	+/-	2+	test not repeated	A urinary tract infection causes a build up of leukoesterase in the urine (no excretion of waste) (Capricott, 2016).

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

**\*\*no ABG tests done\*\***

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
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<b>pH</b>	test not done	test not done	test not done	no abnormalities noted
<b>PaO2</b>	test not done	test not done	test not done	no abnormalities noted
<b>PaCO2</b>	test not done	test not done	test not done	no abnormalities noted
<b>HCO3</b>	test not done	test not done	test not done	no abnormalities noted
<b>SaO2</b>	test not done	test not done	test not done	no abnormalities noted

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

<b>Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Explanation of Findings</b>
<b>Urine Culture</b>	+/-	(+)	not repeated	E. coli (25,000 CFU/mL) found as well as mixed urogenital flora (200,000 CFU/mL) found
<b>Blood Culture</b>	+/-	(-)	not repeated	no bacteria found in blood
<b>Sputum Culture</b>	+/-	not done	not done	no abnormalities noted
<b>Stool Culture</b>	+/-	not done	not done	no abnormalities noted

**Lab Correlations Reference (APA):**

Capricotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. F.A. Davis Company.

**Diagnostic Imaging****All Other Diagnostic Tests (5 points):**

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**MRI of the pelvis** was done to explore the possible source for abdominal pain.

**MRI of the lower abdomen with and without contrast** was done to explore the possible source for abdominal pain. Contrast was added to improve the diagnostic accuracy of the MRI scan by enhancing visibility of the organs, blood vessels, inflammation, masses, etc. (Ferris, 2018).

**CT of the abdomen and pelvis with IV contrast** was done to explore the possible source for abdominal pain. Contrast was added to improve the diagnostic accuracy of the MRI scan by enhancing visibility of the organs, blood vessels, inflammation, masses, etc. (Ferris, 2018). All together, these tests all helped diagnose this patient with a complicated UTI, an enlarged uterus, and a uterine mass.

**Diagnostic Test Correlation (5 points):** The CT scan of the abdomen and pelvis showed a slight atrophic appearance of the pancreas. Atrophy refers to something wasting away or declining in effectiveness (Young, 2018). The CT scan also found that the bladder is submaximally distended. Bladder distension can occur for many reasons, but the most popular reasons are due to obstructions or loss of bladder muscle tone (Young, 2018). Because this patient's bladder is distended, she is experiencing urinary retention due to the incapacity to void urine (Young, 2018). The CT scan also showed a heterogeneous enlarged uterus that measured approximately 17.8 x 14.6 x 11.7 cm. Due to the mass on the uterus that has caused uterine expansion, this patient's risk for developing a UTI significantly increased. Two of the main causes for UTI are holding your urine and not fully emptying the bladder (Barhum, 2020).

**Diagnostic Test Reference (APA):**

Barhum, L. (August 21, 2020). Signs and symptoms of an enlarged uterus.

*Verywellhealth*. <https://www.verywellhealth.com/enlarged-uterus-signs-symptoms-complications-4174349>

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Ferris, N. (August 13, 2018). Overview of MRI contrast. *GE Healthcare*.

<https://www.gehealthcare.com/feature-article/overview-of-mri-contrast#:~:text=Gadolinium%20contrast%20is%20used%20in,blood%20supply%20of%20certain%20organs.>

Young, B. (September 18, 2018). Enlarged bladder. *Healthline*.

<https://www.healthline.com/health/enlarged-bladder>

**Current Medications (10 points, 1 point per completed med)  
\*10 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/Generic</b>	<b>folic acid (FOLVITE)</b>	<b>atorvastatin (LIPITOR)</b>	<b>ceftriaxone (ROCEPHIN)</b>	<b>meropenem (MERREM)</b>	<b>polyethylene glycol (MIRALAX)</b>
<b>Dose</b>	1 mg	40 mg	1 gm	500 mg	17 gm
<b>Frequency</b>	daily	daily	every 24 hr PRN	every 6 hr	PRN
<b>Route</b>	oral	oral	IVP	IVPB	oral (powder)
<b>Classification</b>	vitamin	antihyperlipidemic	cephalosporin antibiotics	antibiotics	osmotic laxative
<b>Mechanism of Action</b>	used to treat/prevent folic acid deficiency	reduces plasma cholesterol and lipoprotein levels	inhibits mucopeptide synthesis in cell wall	penetrates bacterial cells and interferes with the synthesis of cell wall components	causes water to be retained within the stool, softens bowel movements, and increased frequency of bowel movements
<b>Reason Client Taking</b>	treat folic acid deficiency	reduces amount of cholesterol made by the liver	treat infection caused by bacteria	treat infection caused by bacteria	treat occasional constipation
<b>Contraindications (2)</b>	pernicious anemia, renal failure	active hepatic disease, breastfeeding	renal impairment, jaundice	seizures, decreased platelets	ulcerative colitis, low sodium levels

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<b>Side Effects/Adverse Reactions (2)</b>	abdominal cramps, confusion	amnesia, hyperkinesia	vomiting, dizziness	swelling, redness at injection site	malaise, abdominal bloating
<b>Nursing Considerations (2)</b>	administer orally, test B12 levels	use cautiously with alcohol consumption, expect to measure lipid levels frequently	watch for seizures, monitor for signs of pseudomembranous colitis	monitor liver/kidney function, repeat vitals	monitor for signs of allergic reaction, be prepared for stool frequency
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	B12	cholesterol	WBC, BUN, AST, ALT	BUN, creatinine, AST, ALT	routine vitals
<b>Client Teaching needs (2)</b>	know adverse effects, monitor B12 levels	take at the same time each day, do not break tablet	do not consume alcohol for 48 hr, no sexual intercourse for 7 days after treatment	know adverse effects, reconstituted and administered IV	do not use more than once daily, call the doctor if constipation persists after using the medication for 7 days in a row

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>morphine (AVINza)</b>	<b>hydrocodone-acetaminophen (NORCO)</b>	<b>calcium carbonate (TUMS)</b>	<b>aspirin (ACETYLSALICYLIC ACID)</b>	<b>cefepime (MAXIPIME)</b>
<b>Dose</b>	2 mg	325 mg tab	200 mg	81 mg	2 gm
<b>Frequency</b>	every 4 hr PRN	Every 4 hours PRN	once daily	daily	once
<b>Route</b>	IVP	Oral	oral	oral	IVP
<b>Classification</b>	opioid	opioid	antacid	chemical: salicylate	cephalosporin antibiotics
<b>Mechanism of Action</b>	binds to and activates the mu-opioid receptor in the central	binds to and activates the mu-opioid receptor in the central nervous system	neutralizes HCl acid in gastric secretions	blocks activity of cyclooxygenase	covalently binds enzymes that are responsible for the final step in

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	nervous system				transpeptidation
<b>Reason Client Taking</b>	moderate pain management	pain management	temporarily relieves acid indigestion and heartburn	blood thinner	treat bacterial infection
<b>Contraindications (2)</b>	hypersensitivity to morphine, bronchial asthma	asthma, blockage in stomach or intestines	kidney disease, high calcium in blood	asthma, hemophilia	decreased prothrombin, seizures
<b>Side Effects/Adverse Reactions (2)</b>	respiratory depression, constipation	noisy breathing, confusion	rapid weight gain, little-no urinary output	confusion, hearing loss	bleeding gums, abdominal cramps
<b>Nursing Considerations (2)</b>	monitor respiratory status, monitor blood pressure	avoid with breastfeeding, do not crush, break, or open pill	monitor parathyroid hormone, monitor hemodynamics	don't crush, ask about tinnitus	monitor for diarrhea, monitor for heartburn
<b>Key Nursing Assessment(s)/Lab(s) Prior to Administration</b>	respiratory status, blood pressure	renal function tests, liver function tests	test Calcium levels, test gastric acid levels	platelet levels	BUN, AST, ALT, WBC
<b>Client Teaching needs (2)</b>	know adverse effects, can stop abruptly	know adverse effects, may need to take with laxative	can be taken at any time as needed, can be taken with/without food	do not double-up on missed doses, do not break, crush, or chew ER tablets	must be given slowly, must be diluted

**Medications Reference (APA):**

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

**Assessment****Physical Exam (18 points)**

<b>GENERAL (1 point):</b>	
<b>Alertness:</b>	alert and oriented to person, place, and time
<b>Orientation:</b>	^^
<b>Distress:</b>	no apparent distress

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<b>Overall appearance:</b>	appears overall well-groomed and appropriate for situation
<b>INTEGUMENTARY (2 points):</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b> no drains	pale white (appropriate for race) in-tact, clean warm good turgor no rashes no bruises no wounds 20
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	head is normocephalic, no lesions/lacerations no redness, drainage, or swelling no ocular drainage, redness, or irritation no drainage or redness intact, oral mucosa is pink and moist, normal dentition
<b>CARDIOVASCULAR (2 points):</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b>	no abnormalities noted, S1 S2 heard, no murmurs, clicks, or gallops normal sinus rhythm (+) < 3 seconds no vein distention no edema noted n/a
<b>RESPIRATORY (2 points):</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Breath Sounds: Location, character</b>	no accessory muscle use breath sounds are clear and equal bilaterally in all lung fields
<b>GASTROINTESTINAL (2 points):</b> <b>Diet at home:</b> <b>Current Diet</b> <b>Height:</b> <b>Weight:</b> <b>Auscultation Bowel sounds:</b> <b>Last BM:</b> <b>Palpation: Pain, Mass etc.:</b> <b>Inspection:</b> <b>Distention:</b> <b>Incisions:</b> <b>Scars:</b>	normal diet at home (no restrictions) normal diet in the hospital (no restrictions) 162.6 cm 103.70 kg bowel sounds are heard and equal in all 4 quadrants today 11/11/2020 no pain or masses on abdominal palpation no abnormalities noted no abdominal distention no incisions no scars

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<b>Drains:</b> <b>Wounds:</b> <b>Ostomy:</b> Y <input type="checkbox"/> N X <b>Nasogastric:</b> Y <input type="checkbox"/> N X <b>Size:</b> <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N X <b>Type:</b>	no drains no wounds no ostomy no NG  no feeding tubes
<b>GENITOURINARY (2 Points):</b> <b>Color:</b> <b>Character:</b> <b>Quantity of urine:</b> <b>Pain with urination:</b> Y <input type="checkbox"/> N X <b>Dialysis:</b> Y <input type="checkbox"/> N X <b>Inspection of genitals:</b> <b>Catheter:</b> Y <input type="checkbox"/> N X <b>Type:</b> <b>Size:</b>	brown/yellow slight foul odor, inadequate output 550 mL no pain with urination no dialysis no abnormalities noted no catheter n/a n/a
<b>MUSCULOSKELETAL (2 points):</b> <b>Neurovascular status:</b> <b>ROM:</b> <b>Supportive devices:</b> <b>Strength:</b> <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Fall Score:</b> <b>Activity/Mobility Status:</b> <b>Independent (up ad lib)</b> <input type="checkbox"/> <b>Needs assistance with equipment</b> <input type="checkbox"/> <b>Needs support to stand and walk</b> <input type="checkbox"/>	appropriate for situation--A&O x 3 ROM equal bilaterally n/a slightly weakened bilaterally does not require assistance with daily activities the client is a fall risk 45 moves from bed to chair fairly easily with assistance 1-assist does not need assistance with equipment requires assistance for stability and because she is a fall risk
<b>NEUROLOGICAL (2 points):</b> <b>MAEW:</b> Y X N <input type="checkbox"/>  <b>PERLA:</b> Y X N <input type="checkbox"/> <b>Strength Equal:</b> Y <input type="checkbox"/> N X <b>if no -</b> <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> X <b>Orientation:</b> <b>Mental Status:</b> <b>Speech:</b> <b>Sensory:</b> <b>LOC:</b>	moves all extremities well with some weakness/activity intolerance no abnormalities noted strength equally weakened bilaterally  alert and oriented x 3 appropriate for developmental stage (no deficits) appropriate for developmental stage (no deficits) no sensory deficits appropriate for developmental stage
<b>PSYCHOSOCIAL/CULTURAL (2 points):</b>	

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<p><b>Coping method(s):</b></p> <p><b>Developmental level:</b></p> <p><b>Religion &amp; what it means to pt.:</b></p> <p><b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>daughter is at bedside and they attend an online church service every morning</p> <p>appropriate developmental level for a 63 y/o adult</p> <p>the patient is christian and attends online church very frequently</p> <p>her daughter is very involved with her care and visits her as much as possible</p>
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**Vital Signs, 2 sets (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
<b>0700</b>	87 bpm	105/66	18 bpm	98.1 F	94%
<b>1100</b>	85 bom	129/62	18 bpm	97.9 F	97%

**Vital Sign Trends:** the vital signs during our time on the floor for this patient were all within normal limits. There was no time throughout the day that we were worried about her vital sign values.

**Pain Assessment, 2 sets (2 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>0700</b>	numeric	groin/stomach	5/10	sharp, aching	pain medications were given and the patient's position in the bed was changed
<b>1100</b>	numeric	no pain	0/10	n/a (no pain)	no interventions needed at this time

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b>	22 g
<b>Location of IV:</b>	left hand/wrist
<b>Date on IV:</b>	11/08/2020
<b>Patency of IV:</b>	infusing without difficulty, saline lock noted
<b>Signs of erythema, drainage, etc.:</b>	no signs of erythema, drainage, or swelling
<b>IV dressing assessment:</b>	clean, dry, intact

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
<b>oral: 325 mL</b>	<b>300 mL voided (self) on toilet from 0700 to</b>
<b>IV: 70 mL/hr</b>	<b>1200</b>

**Nursing Care****Summary of Care (2 points)**

**Overview of care:** the patient was unproblematic throughout the day. She ordered herself breakfast after we assessed her following morning rounds and her daughter brought her lunch when she came in for visiting hours. She received pain medications once around 8 am and received the rest of her medications around 9 am. She voided twice while we were on the unit

**Procedures/testing done:** the patient did not leave the floor for any procedures or testing today.

**Complaints/Issues:** the patient did not have any complaints or issues today besides after morning rounds, she was experiencing moderate abdominal pain that was relieved with pain medication.

**Vital signs (stable/unstable):** the patient's vitals were stable all day today and did not raise any concerns.

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**Tolerating diet, activity, etc.:** the patient is tolerating both her activity and her diet. She is currently under no dietary restrictions and is a 1-assist due to her recent history of weakness. Although she is a 1-assist, she moves well from the bed to the chair with little assistance today.

**Physician notifications:** the patient requires an oncology consultation to discuss the mass in her uterus. She may also require a surgical consult.

**Future plans for patient:** we anticipate that the patient will require further visits upon discharge. We have prepared the patient to expect a biopsy to determine if the mass in her uterus is cancerous or not. After her oncology consult and further observation of urinary output, she can be expected to be discharged later in the week. She may require surgical consult to discuss removal of the uterine mass.

### **Discharge Planning (2 points)**

**Discharge location:** the patient will be discharged to her house where she lives alone with her 2 dogs.

**Home health needs (if applicable):** the patient does not require any home health needs as of right now, but may require additional care depending on the results found by the oncologist.

**Equipment needs (if applicable):** the patient does not require any equipment needs as of right now.

**Follow up plan:** the patient will come back next week for a follow-up appointment with her primary physician. Further appointments with oncology may be required pending evaluation. After oncology evaluation, she may require a surgical consult to discuss removal of the mass.

**Education needs:** right now, the patient only needs education on what the purpose of an oncology consult is for her and may need education on the possibility of needing a surgical

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consult regarding the mass in her uterus. She does not require any medicinal or limitational education.

### Nursing Diagnosis (15 points)

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<b>Nursing Diagnosis</b> ● Include full nursing diagnosis with “related to” and “as evidenced by” components	<b>Rational</b> ● Explain why the nursing diagnosis was chosen	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> ● How did the patient/family respond to the nurse’s actions? ● Client response, status of goals and outcomes, modifications to plan.
<b>1. risk for infection related to urinary retention as evidence by foul-smelling urine</b>	The client has developed a urinary tract infection due to prolonged retention of urine because of a uterine mass. Foul smelling urine is a major indicator for urinary infection. If left untreated, the urinary tract infection can cause severe damage.	1. assess for signs/symptoms of a urinary tract infection  2. encourage the client to attempt to void every 2-3 hours to limit the need for indwelling catheters to manage incontinence	The client demonstrates an understanding of how the infection occurred and understands how to notice signs of infection for the future.
<b>2. impaired urinary elimination related to hesitancy as evidence by dysuria</b>	Urinary retention is the cause of this client developing a urinary tract infection. Pain with urination is due to infection and also due to a uterine mass causing pain and pressure on the uterus.	1. administer 0.9 NS continuously through IV and encourage oral fluid intake  2. palpate the client’s bladder every 4 hours	The client has demonstrated an understanding of the cause of dysuria. She has no dietary modifications, but wants to make them.
<b>3. Acute pain related to inflammation/infectio</b>	The client’s pain level is increased due to a uterine	1. assess the client’s description of pain (type, severity,	The client understands the cause of her pain and how to acknowledge early

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<b>n of the urethra as evidence by facial grimacing and guarding behavior</b>	mass that is causing stress not only to her uterus, but also to her bladder and kidney function.	location, etc.)  2. encourage the client to increase oral fluid intake to 2-3 liters per day	signs of infection. She determines a comfortable pain level and is able to describe the characteristics of the pain she is experiencing.
<b>4. urinary retention related to urethral obstruction as evidence by oliguria</b>	The mass in the client's uterus is so large that it has caused an obstruction in the urethra, making it difficult for urine to exit the body painlessly.	1. use a bladder scan to measure residual urine not voided  2. observe quantity, frequency, color, and odor of urine each time the client voids	The client understands the need to use a bladder scan after voiding to ensure she is excreting all urinary waste from her body in order to prevent another infection.

**Other References (APA):****Concept Map (20 Points):**

**Subjective Data**

A female client presented to the ED for worsening weakness over the past 2 weeks. She states that when she stands up, she can feel her chest tightening as well as her breathing becomes rapid and she feels like she is going to faint. She reports a "cramping" pain in her left abdomen. She has been experiencing urinary incontinence.

Since being admitted 2 days ago, she still is experiencing some abdominal pain and weakness. Her pain on 1/11/20 after morning rounds was a 5/10 and was relieved with pain medication.

**MRI:**

hepatomegaly

Urinalysis:

increased

spec. gravity,

2+ protein, 1+

ketones, > 50

WBC, 21-50

RBC, 2+

leukoesterase

Urine Culture:

E. coli (+),

mixed

urogenital flora

(+)

**\*\*No abnormal**

**vitals**

**throughout**

**the day**

**Nursing Diagnosis/Outcomes**

impaired urinary elimination related to hesitancy as evidence by dysuria

The client has demonstrated an understanding of the cause of dysuria. She has no dietary modifications, but wants to make them.

The goal is to manage pain and get rid of the dysuria.

infection related to urinary retention as evidence by foul-smelling urine

The client demonstrates an understanding of how the infection occurred and understands how to notice signs of infection for the future.

The goal is to get rid of the infection and remove the obstruction causing urinary retention.

Acute pain related to inflammation/infection of the urethra as evidence by facial grimacing and guarding behavior

The client understands the cause of pain and how to acknowledge early signs of infection. She determines

palpable pain level and is able to describe the characteristics of the pain.

The goal is to manage pain and treat the infection.

urinary retention related to obstruction as evidence by oliguria

The client understands the need to use a bladder scan after voiding to ensure the client's bladder

is empty. The goal is to encourage intake of fluids, encourage voiding every 2-3 hours, and monitor output.

The client

63 year old female patient admitted for complicated UTI and enlarged uterus. The client has no previous medical history and a surgical history of an appendectomy. She is compliant with treatment.

**Nursing Interventions**

administer 0.9 NS continuously through IV

and encourage oral fluid intake

palpate the client's bladder every 4 hours

assess for signs/symptoms of urinary tract infection

use a bladder scan to measure residual urine not voided

observe quantity, frequency, color, and odor of urine each time the client voids

encourage the client to attempt to void every 2-3 hours to limit the need for indwelling catheters to manage incontinence

assess the client's description of pain (type, severity, location, etc.)

encourage the client to increase oral fluid intake to 2-3 liters per day



