

N431 Care Plan #2

Lakeview College of Nursing

Jasmine Lewis

Demographics (3 points)

Date of Admission 3/17/2020	Patient Initials T. P.	Age 60	Gender Female
Race/Ethnicity Caucasian	Occupation Elementary School Teacher	Marital Status Married	Allergies Shellfish, Iodine
Code Status Full Code	Height 5' 6"	Weight 140 lbs	

Medical History (5 Points)

Past Medical History: Atrial fibrillation

Past Surgical History: Open reduction and internal fixation (ORIF), left foot repair

Family History: Mother: diabetes. Father: chronic kidney failure, diabetes mellitus type II.

Brother: hypertension. Sister: deceased due to ischemic stroke

Social History (tobacco/alcohol/drugs): denies smoking, drinks one glass of wine on Saturday nights with dinner

Assistive Devices: none

Living Situation: lives at home with husband

Education Level: Bachelor's degree in early childhood education

Admission Assessment

Chief Complaint (2 points): Bloody stool this morning

History of present Illness (10 points): A 60-year-old female presented to the Emergency Department complaining of blood in her stool this morning. She states that she became dizzy after having a bowel movement and upon looking in the toilet, she noted there was blood in her stool. She told her husband and he immediately brought her to the ED. A fecal occult test came back positive. The client has a history of atrial fibrillation for which she takes Coumadin (warfarin). Her INR was 4.0 and Vitamin K was given to reduce bleeding.

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She was also given one unit of packed RBCs due to a decreased hemoglobin of 7.0. A repeat test came back as 9.5. She did not have any infusion reactions. One bloody stool was noted while in the ED. She has been transferred to the medical-surgical unit for monitoring.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Gastrointestinal Bleeding

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points): Gastrointestinal (GI) bleeding is a serious symptom of a larger disease process (Wint, 2015). It refers to any kind of bleeding that originates at any point in the GI tract (NIDDK, 2016). There are several conditions that can cause GI bleeding, such as tumors or cancer, colitis, gastritis, or diverticular disease (NIDDK, 2016). This patient appears to have ruptured or leaky blood vessels in the GI tract due to warfarin usage. Her INR was 4.0 upon presenting to the emergency department. Common signs and symptoms of GI bleeding include black tarry stool, bright red emesis, abdominal cramps, bright or dark red blood in stools, dizziness, fatigue, pallor, shortness of breath, coffee ground emesis, and weakness (NIDDK, 2016). This patient complained of bright red blood in her stool. Patients with GI bleeding may have a positive fecal occult blood test, anemia, and decreased hemoglobin and hematocrit (NIDDK, 2016). The provider may order a fecal occult test, CBC, and an endoscopy (NIDDK, 2016). Treatment for GI bleeding includes finding the source of the bleed and cauterizing the blood vessels, stopping the bleeding (NIDDK, 2016). The provider may also physically clamp the blood vessels (NIDDK, 2016). The next step is to treat the underlying cause of the GI bleed (NIDDK, 2016). Since this patient's bleeding was caused by an elevated INR

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secondary to warfarin therapy, she was treated with Vitamin K to act as an antidote to the warfarin that was in her system.

Pathophysiology References (2) (APA):

NIDDK. (2016). *Gastrointestinal (GI) Bleeding* | NIDDK. National Institute of Diabetes and Digestive and Kidney Diseases.

<https://www.niddk.nih.gov/health-information/digestive-diseases/gastrointestinal-bleeding>

Wint, C. (2015, September 26). *Everything You Need to Know About Gastrointestinal Bleeding*. Healthline; Healthline Media.

<https://www.healthline.com/health/gastrointestinal-bleeding>

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	4 - 6.6 million cells/uL	N/A	N/A	N/A
Hgb	14 - 18 g/dL	9.5 g/dL	N/A	The hemoglobin is decreased due to gastrointestinal bleeding (Pagana et al., 2019).
Hct	42 - 54%	28%	N/A	The hematocrit is decreased due to gastrointestinal bleeding (Pagana et al., 2019).
Platelets	150 - 450 thousand cells/uL	101 thousand cells/uL	N/A	The platelets are decreased due to anticoagulation therapy (Pagana et al., 2019).

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WBC	4.5 - 10.8 thousand cells/uL	9.8 thousand cells/uL	N/A	N/A
Neutrophils	55 - 70%	N/A	N/A	N/A
Lymphocytes	20 - 40%	N/A	N/A	N/A
Monocytes	2 - 8%	N/A	N/A	N/A
Eosinophils	1 - 4%	N/A	N/A	N/A
Bands	0 -4%	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-	134 - 144 mmol/L	139 mmol/L	N/A	N/A
K+	3.5 - 5.2 mmol/L	3.6 mmol/L	N/A	N/A
Cl-	96 - 106 mmol/L	106 mmol/L	N/A	N/A
CO2	20 - 29 mmol/L	N/A	N/A	N/A
Glucose	65 - 99 mg/dL	147 mg/dL	N/A	The glucose is elevated due to acute stress (Pagana et al., 2019).
BUN	8 - 27 mg/dL	15 mg/dL	N/A	N/A
Creatinine	0.76 - 1.27 mg/dL	0.9 mg/dL	N/A	N/A
Albumin	3.5 - 5 g/dL	N/A	N/A	N/A
Calcium	8.6 - 10.2 mg/dL	N/A	N/A	N/A
Mag	1.3 - 2.1 mEq/L	N/A	N/A	N/A
Phosphate	2.8 - 4.1 mg/dL	N/A	N/A	N/A
Bilirubin	0.3 - 1 mg/dL	N/A	N/A	N/A

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Alk Phos	30 -120 U/L	N/A	N/A	N/A
AST	0 - 35 U/L	N/A	N/A	N/A
ALT	4 - 36 U/L	N/A	N/A	N/A
Amylase	60 - 120 U/L	N/A	N/A	N/A
Lipase	0 - 160 U/L	N/A	N/A	N/A
Lactic Acid	0 - 59 U/L	N/A	N/A	N/A
Troponin	0 - 0.3 mg/mL	N/A	N/A	N/A
CK-MB	0%	N/A	N/A	N/A
Total CK	55 - 170 U/L	N/A	N/A	N/A

Other Tests **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
INR	0.8 - 1.2	4.0	N/A	The INR is elevated due to a supratherapeutic dose of warfarin (Pagana et al., 2019).
PT	9.1 - 12 seconds	16	N/A	The PT is elevated due to anticoagulation therapy (Pagana et al., 2019).
PTT	24 - 33 seconds	60	N/A	The PTT is elevated due to anticoagulation therapy (Pagana et al., 2019).
D-Dimer	<0.4 mcg/mL	N/A	N/A	N/A
BNP	<100 pg/mL	N/A	N/A	N/A
HDL	>39 mg/dL	N/A	N/A	N/A
LDL	0 - 99 mg/dL	N/A	N/A	N/A
Cholesterol	100 - 199 mg/dL	N/A	N/A	N/A

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Triglycerides	0 - 149 mg/dL	N/A	N/A	N/A
Hgb A1c	4.8 - 5.6%	N/A	N/A	N/A
TSH	2 - 10 mU/L	N/A	N/A	N/A

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	Yellow, clear	N/A	N/A	N/A
pH	5 - 7	N/A	N/A	N/A
Specific Gravity	1.001 - 1.03	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0 - 5 cells/dL	N/A	N/A	N/A
RBC	0 - 2 cells/dL	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

Arterial Blood Gas **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
pH	7.35 - 7.45	N/A	N/A	N/A
PaO2	80 - 100 mm Hg	N/A	N/A	N/A
PaCO2	35 - 45 mm	N/A	N/A	N/A

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	Hg			
HCO3	21 - 28 mEq/ L	N/A	N/A	N/A
SaO2	95 - 100%	N/A	N/A	N/A

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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	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*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Chest x-ray: negative for acute abnormalities, cardiac silhouette is within normal limits

EKG: ST without ectopy

Diagnostic Test Correlation (5 points):

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Chest x-ray: routine check for abnormalities due to existing heart condition (Pagana et al., 2019)

EKG: routine check for abnormalities due to existing heart condition (Pagana et al., 2019)

Diagnostic Test Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby's Diagnostic and Laboratory Test Reference*. Elsevier.

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

Home Medications (5 required)

Brand/Generic	Warfarin/ Coumadin	Multivitami n			
Dose	10 mg	1 tablet			
Frequency	Daily	Daily			
Route	PO	PO			
Classification	Anticoagula nt (Vallerand et al., 2019)	Multivitami n (Vallerand et al., 2019)			
Mechanism of Action	Interferes with synthesis of vitamin K- dependent clotting factors	Supplements the body with needed vitamins and minerals (Vallerand et al., 2019)			

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	(Vallerand et al., 2019)				
Reason Client Taking	Atrial fibrillation	Maintain adequate vitamin and mineral balance			
Contraindications (2)	Uncontrolled bleeding (Vallerand et al., 2019), open wounds (Vallerand et al., 2019)	Mineral overdose imbalance (Vallerand et al., 2019), anemia (Vallerand et al., 2019)			
Side Effects/Adverse Reactions (2)	Bleeding (Vallerand et al., 2019), nausea (Vallerand et al., 2019)	Urine discoloration (Vallerand et al., 2019), allergic reaction (Vallerand et al., 2019)			
Nursing Considerations (2)	Monitor for bleeding (Vallerand et al., 2019). Monitor coagulation studies closely (Vallerand et al., 2019).	Obtain a dietary history (Vallerand et al., 2019). Assess for allergic reactions to dyes and preservatives (Vallerand et al., 2019).			
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain baseline coagulation studies (Vallerand et al., 2019).	Assess for allergies (Vallerand et al., 2019). Obtain a CMP (Vallerand et al., 2019).			
Client Teaching needs (2)	Avoid eating foods high	Instruct patient to			

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	in vitamin K (Vallerand et al., 2019). There are many interactions with herbal supplements, consult the provider before taking (Vallerand et al., 2019).	inform any healthcare providers of over-the-counter medications (Vallerand et al., 2019). Instruct to take as directed (Vallerand et al., 2019).			
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Hospital Medications (5 required)

Brand/Generic	D5 Normal Saline	Ondansetron/Zofran	Acetaminophen/Tylenol		
Dose	75 mL/hr	4 mg	650 mg		
Frequency	Continuous	Q6H PRN	Q6H PRN		
Route	IV	ODT	PO		
Classification	Electrolyte replacement (Vallerand et al., 2019)	Antiemetic (Vallerand et al., 2019)	Nonopioid analgesic (Vallerand et al., 2019)		
Mechanism of Action	Sodium and potassium act as ions in the blood and maintain osmotic pressure (Vallerand et al., 2019)	Blocks the effects of serotonin in the CNS (Vallerand et al., 2019)	Inhibits prostaglandin synthesis in the CNS (Vallerand et al., 2019)		
Reason Client	Fluid	Nausea	Pain, Fever		

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Taking	replacement				
Contraindications (2)	Fluid overload (Vallerand et al., 2019), Hypernatremia (Vallerand et al., 2019)	Congenital long QT syndrome (Vallerand et al., 2019), recent abdominal surgery (Vallerand et al., 2019)	Hypersensitivity (Vallerand et al., 2019), severe hepatic impairment (Vallerand et al., 2019)		
Side Effects/Adverse Reactions (2)	Edema (Vallerand et al., 2019), irritation at IV site (Vallerand et al., 2019)	Headache (Vallerand et al., 2019), constipation (Vallerand et al., 2019)	Increased liver enzymes (Vallerand et al., 2019), renal failure (Vallerand et al., 2019)		
Nursing Considerations (2)	Monitor IV site for irritation (Vallerand et al., 2019). Monitor electrolyte levels (Vallerand et al., 2019).	Monitor nausea and vomiting (Vallerand et al., 2019). Monitor for adverse effects (Vallerand et al., 2019).	Monitor liver enzymes (Vallerand et al., 2019). Monitor for adverse reactions (Vallerand et al., 2019).		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain a baseline blood pressure and electrolyte levels (Vallerand et al., 2019).	Obtain and EKG (Vallerand et al., 2019)	Assess pain level and temperature (Vallerand et al., 2019).		
Client Teaching needs (2)	Report any irritation at the IV site to the nurse (Vallerand et al., 2019). Explain the purpose of the infusion	Teach symptoms of serotonin syndrome (Vallerand et al., 2019). Report abnormal heartbeat	Do not take more than 4g per day (Vallerand et al., 2019). Teach to avoid alcohol (Vallerand et		

	(Vallerand et al., 2019).	(Vallerand et al., 2019).	al., 2019).		
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Medications Reference (APA):

Vallerand, A. H., Sanoski, C. A., & Quiring, C. (2019). *Davis’s drug guide for nurses*. F.A. Davis Company.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Alert, awake Orientation: oriented x4 Distress: no acute distress Overall appearance: appropriate, clean</p>	
<p>INTEGUMENTARY (2 points): Skin color: pink Character: warm Temperature: dry Turgor: good Rashes: none Bruises: none Wounds: none Braden Score: 23 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>HEENT (1 point): Head/Neck: midline, unremarkable Ears: unremarkable Eyes: unremarkable Nose: unremarkable Teeth: unremarkable</p>	
<p>CARDIOVASCULAR (2 points): Heart sounds:</p>	

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<p>S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): atrial fibrillation Peripheral Pulses: present 2+ Capillary refill: <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 (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Clear and equal bilaterally</p>	
<p>GASTROINTESTINAL (2 points): Diet at home: unrestricted Current Diet: clear liquid Height: 5' 6" Weight: 140 lbs Auscultation Bowel sounds: clear all four quadrants Last BM: today Palpation: Pain, Mass etc.: soft and non-tender Inspection: Distention: none Incisions: none 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>GENITOURINARY (2 Points): Color: yellow Character: clear Quantity of urine: 500mL in 4 hours 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: unremarkable Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL (2 points):</p>	

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<p>Neurovascular status: no paresthesia, pain, pallor ROM: full bilaterally Supportive devices: none Strength: 5/5 bilaterally ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 25 Activity/Mobility Status: 1 person assist Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/></p>	
<p>NEUROLOGICAL (2 points): 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: 4/4 Mental Status: appropriate for age Speech: clear Sensory: intact LOC: awake</p>	
<p>PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): appropriate Developmental level: appropriate for age Religion & what it means to pt.: no religion Personal/Family Data (Think about home environment, family structure, and available family support): lives at home with husband</p>	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	120/68	16	37 C	98% room air
1100	69	124/63	18	36.9 C	97% room air

Vital Sign Trends: The patient remains stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0-10	abdomen	4	generalized	Tylenol administered
1100	0-10	abdomen	0	generalized	None

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 G Location of IV: left and right antecubital Date on IV: 3/17 Patency of IV: flushes without difficulty Signs of erythema, drainage, etc.: none IV dressing assessment: clean, dry, intact	D5NS @ 75 mL/hr left antecubital Saline lock right antecubital

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
620	500

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

Overview of care: Clear liquid diet was maintained. The provider will consider advancing after 24 hours without bleeding. CBC is drawn Q8H to monitor hemoglobin and hematocrit. Warfarin was held.

Procedures/testing done: Off-site telemetry, CBC Q8H

Complaints/Issues: none

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Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: tolerating well

Physician notifications: If hemoglobin drops below 8, call for blood transfusion orders

Future plans for patient: Maintain clear liquid diet for 24 hours, no discharge plans

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): none

Equipment needs (if applicable): none

Follow up plan: no discharge plan

Education needs: monitor for signs of bleeding

Nursing Diagnosis (15 points)

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

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. Risk for bleeding related to warfarin therapy as evidenced by history of gastrointestinal bleed (Health-Conditions, 2020).	Circulation is one of the top priorities in nursing care.	1. Hold warfarin therapy. 2. Monitor CBC for signs of bleeding.	There was no further evidence of bleeding during this shift.
2. Fluid volume deficit related to blood volume loss as evidenced by	Circulation is one of the top priorities in nursing care.	1. Maintain normal saline infusion. 2. Monitor for signs of dehydration.	Normal fluid volume was maintained during this shift.

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bloody stool (Health-Conditions, 2020).			
3. Acute pain related to abdominal muscle spasms related to bleeding GI tract as evidenced by pain score 4/10 (Health-Conditions, 2020)	It is important to treat pain to help facilitate comfort and healing.	1. Give Tylenol as needed for pain. 2. Provide comfort measures.	Tylenol was given for a pain score of 4/10.
4. Fatigue related to blood loss as evidenced by anemia (Health-Conditions, 2020)	Fatigue can lead to a decrease in performance of ADLs and independence.	1. Encourage ambulation with assistance. 2. Encourage maintenance of ADLs.	The patient experienced no debilitating fatigue.

Other References (APA):

Health-Conditions. (2020). *Approved NANDA Nursing Diagnosis List 2018-2020*. Health-Conditions.

Concept Map (20 Points):

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