N321 Care Plan 1

Lakeview College of Nursing

Happy Kalavadia

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
1/27/2021	RD	61	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Not Hispanic or Latino	Unemployed	Unmarried	Sulfa drugs (causes hives)
Code Status	**Height**	**Weight**	
Full Code	183 cm	129 kg(282 lb)	

Medical History (5 Points)

Past Medical History:

- Diabetes Mellitus type 2
- Orthostatic Hypotension- (patient stated that he has a history of passing out due to his low blood pressure before two years).
- Hyperlipidemia
- Essential Hypertension
- Morbid Obesity
- Acute Cystitis without hematuria
- Bilateral below-knee amputation of both legs
- Peripheral Vascular Disease
- GERD (Gastroesophageal reflux disease)
- Carpel Tunnel Syndrome
- Hepatosplenomegaly
- Liver Disease
- End-Stage Renal Disease
- Convulsant episode in 2016

Past Surgical History:

- Amputation of both legs below knee- Patient had bilateral prosthetic legs, date not noted
- Cardiac catheterization, in 2017
- Endoscopy, date not noted
- Gastric Bypass, in 2018
- Central Venous catheter (Right side) as the patient has dialysis three times a week due to end-stage renal disease(chronic kidney disease).
- Colonoscopy, date not noted

Family History:

- Diabetes in mother and sister
- Lung cancer in father
- Heart disease in brother

Social History (tobacco/alcohol/drugs):

The patient is living by himself in Danville, IL. He was born in Danville and he lived his whole life in Danville. He mentioned that his sister and niece live in Danville as well and he is very close with them. He denied any drug or alcohol consumption. He denied smoking cigarettes. He mentioned that he went to Lakeview college before few years but unfortunately, he was not been able to complete nursing school due to his comorbid conditions.

Assistive Devices:

He uses a wheelchair and has bilateral prosthetic limbs.

Living Situation:

He lives by himself in Danville and is not married.

Education Level:

Not applicable

Admission Assessment

Chief Complaint (2 points):

- The patient stated that he fell in his home while going to his room and was admitted to ED. He had complaints of hesitancy and flank pain after he was stabilized in ED.

History of present Illness (10 points):.

The patient presented to ED if OSF on 1/27 as he passed out in his home. The patient stated that he had a history of orthostatic hypotension and he was in a similar situation for two years. He was doing some household chores and wanted something from his room. He passed out on his floor and could not pick himself up. He mentioned that his gait was weak and unsteady due to bilateral prosthetic limbs. After his condition was stabilized, he was transferred to the Med Surg floor. He complained of hesitancy and pain in his flank region after regaining consciousness. The onset of pain was shortly after his condition was stabilized in ED The location of his pain was in the lower abdomen especially right lower quadrant and flank region. He mentioned that the pain is intermittent and sharp pain which comes in a wave pattern. He further stated that the pain is severe when he inhales deeply. The patient has a central venous port right side due to ongoing hemodialysis three times a week. The patient also had several vomiting episodes along with pain and he complained of having nausea as well. He was given Reglan (Metoclopramide) and ondansetron(Zofran)for nausea and vomiting. He mentioned that he felt much better after taking those medications.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):

- Chronic Kidney Disease

Secondary Diagnosis (if applicable):

- Acute UTI

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

The kidney removes and filter waste products from our body, maintains fluid and electrolyte levels which is essential for our homeostasis of the body. Chronic renal failure or end-stage renal disease can be defined as diminished kidney function which results in the accumulation of toxic substances as the kidney cannot filter and excrete them (Capriotti & Frizzell, 2016, p. 230).

Chronic renal disease is a slow-developing disease and results from ongoing various chronic metabolic conditions like diabetes, chronic hypertension, and hyperlipidemia. The patient had Diabetes Mellitus type 2 and hyperlipidemia for many years which resulted in reduced kidney function which resulted in end-stage renal failure. The main cause of chronic kidney disease is uncontrolled diabetes and hypertension. Our kidney contains one million nephrons whose primary function is to maintain the glomerular filtration rate. The kidney has an interesting mechanism of compensation even in reduced kidney function as the remaining healthy nephrons compensate and undergo hypertrophy(Capriotti & Frizzell, 2016, p. 235). Hyperfiltration and hypertrophy although beneficial are a major reason contributing to progressive renal dysfunction.(Capriotti & Frizzell, 2016).

Diabetic nephropathy is a major cause of chronic kidney disease (Capriotti & Frizzell, 2016, p. 234). The patient had diabetes mellitus type 2 for many years and eventually resulted in reduced kidney function developing chronic renal failure. Diabetic nephropathy results when high blood glucose damages the kidney and is a leading cause of chronic renal failure. The pathogenesis of diabetic nephropathy is a combination of alteration in hemodynamic and metabolic pathways. High blood glucose activates transcription factors and gene regulation which causes functional and structural changes in the kidney resulting in calcification of nephrons(Capriotti & Frizzell, 2016, p. 234). High glucose also causes activation of reactive oxygen species which is an unpaired electron destroying several arteries of the kidney. Increased unpaired electron causes function changes in the kidney leading to decreased filtration, increased permeation of toxic products, and decreased reabsorption and eventually causing calcification of nephrons leading to chronic renal failure. Also, unpaired electrons cause some structural changes in the kidney by deposition of calcium and thickening of the renal arteries leading to glomerulosclerosis.

The major diagnostic test for diabetic nephropathy is albuminuria which is albumin in the urine (Capriotti & Frizzell, 2016). Albumin is a protein that helps in maintaining osmotic pressure, neutralize toxins, helps in coagulation and wound healing. (Call, 2019). Microalbuminuria is a diagnostic marker of chronic kidney disease (Capriotti & Frizzell, 2016, p. 230). RD had a presence of albumin in the urine which is highly suggestive of chronic kidney failure.

In chronic kidney disease, the body cannot excrete metabolic wastes products like BUN and creatinine due to glomerulosclerosis of the nephrons (Arora, 2020). Uremia can be defined as the excess accumulation of BUN and creatinine in the body which results in the

altered mental status of the individual as these substances start affecting the central nervous system (Capriotti & Frizzell, 2016, p. 230). RD had elevated BUN and creatinine levels in his blood but not to the point that would cause him altered mental status and confusion which was noted from his history and physical assessment. RD underwent a CT abdomen in 2019 which showed severe calcification of bilateral renal papillae. This confirms that his chronic renal failure developed gradually over years due to his diabetes and other metabolic disorders.

The treatment of chronic kidney disease is usually dialysis or a kidney transplant. RD's provider chose dialysis three times a week and not a renal transplant because his GFR is not severely compromised. Another reason RD went dialysis is because the renal transplant could be rejected due to his severe diabetic state and other comorbid conditions like hyperlipidemia.

Pathophysiology References (2) (APA):

Call, D. (2019, March 8). The Role of Albumin and Fluids in the Body. Retrieved January 30, 2021, from https://www.vetfolio.com/learn/article/the-role-of-albumin-and-fluids-in-the-body.

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

Pradeep Arora, M. (2020, December 06). Chronic Kidney Disease. Retrieved January 30, 2021, from https://emedicine.medscape.com/article/238798-overview#a3.

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	3.80-5.41	**N/A**	**2.80**	Anemia is defined as the low number of red blood cells (Van Leeuwen & Bladh, 2017, p. 1285). The main reason for anemia is the low production of the hormone EPO (Erythropoietin) which makes red blood cells but cannot make an adequate number of red blood cells when kidney function is compromised. Another reason patient had anemia because he was more prone to bleeding while undergoing dialysis as he was taking Lovenox as it is a blood thinner.
Hgb	11.3-15.2	**N/A**	**10.8**	Hemoglobin is decreased in anemia due to a decrease in the number of red blood cells. (Van Leeuwen & Bladh, 2017, p. 1200). The patient had decreased red blood cells which caused anemia.
Hct	33.2-45.3%	**N/A**	**32.0**	Hematocrit is a measurement of the number of red blood cells. In renal failure patients, since there is decreased production of red blood cells which causes reduced hematocrit levels (Van Leeuwen & Bladh, 2017, p.1100). The patient had chronic renal failure and hence there is a decrease in hematocrit levels.
Platelets	149-493 K	**N/A**	**50,000**	The patient is on hemodialysis which causes more bleeding and reduces platelet function. Another reason is due to uremia which causes platelet dysfunction (Van Leeuwen & Bladh, 2017, p.85).

WBC	4-11.7 K	**N/A**	**7.20**	-
Neutrophils	45.3-79	**N/A**	**59.2**	-
Lymphocytes	11.8-45.9	**N/A**	**20.7**	-
Monocytes	4.4-12.0	**N/A**	**11.2**	-
Eosinophils	0.0-6.3	**N/A**	**5.9**	-
Bands	N/A	**N/A**	**N/A**	-

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**N/A**	**136**	-
K+	3.5-5.1	**N/A**	**4.4**	-
Cl-	98-107	**N/A**	**100**	-
CO2	22-29	**N/A**	**26**	-
Glucose	70-99	**N/A**	**145**	The patient has chronic Diabetes Mellitus type 2 which causes high blood sugar levels (Van Leeuwen & Bladh, 2017,p.80).
BUN	6-20	**N/A**	**32**	Due to chronic renal failure inpatients, there is an elevation of BUN(Blood, urea, and nitrogen) as the kidney cannot excrete metabolic waste products. (Van Leeuwen & Bladh, 2017, p.80).
Creatinine	0.5-0.9	**N/A**	**6.58**	Creatinine is a waste product excreted by kidneys but in patients with renal failure, creatinine is elevated as kidney function is compromised and cannot excrete it. (Van Leeuwen & Bladh, 2017, pg. 99).
Albumin	3.5-5.2	**N/A**	**3.2**	Albumin is a protein and is reabsorbed by our kidneys. In patients with chronic renal failure, they have albumin in urine because

				it is not reabsorbed as the kidneys are not functioning adequately and there is a low level of albumin in the blood (Van Leeuwen & Bladh, 2017, p.1200).
Calcium	8.6-10.4	**N/A**	**8.1**	-
Mag	1.6-2.4	**N/A**	**1.8**	-
Phosphate	N/A	**N/A**	**N/A**	-
Bilirubin	0.0-1.2	**N/A**	**N/A-**	-
Alk Phos	35-105	**N/A**	**223**	Alkaline phosphate is an enzyme secreted by the liver and kidneys and indicates bone turnover. The mechanism for high alkaline phosphate levels in patients with chronic renal failure is inflammation causing high levels of alkaline phosphate and bone destruction (Van Leeuwen & Bladh, 2017, p.25). The patient had high levels because of chronic renal failure as his kidneys cannot metabolize alkaline phosphate resulting in high levels.
AST	0-32	**N/A**	**N/A**	-
ALT	**0-33**	**N/A**	**N/A**	-
Amylase	**N/A**	**N/A**	**N/A**	-
Lipase	**N/A**	**N/A**	**N/A**	-
Lactic Acid	**0.5-2.4**	**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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
INR	0.86-1.14	**N/A**	**N/A**	**N/A**
PT	11.9-15	**N/A**	**N/A**	**N/A**
PTT	N/A	**N/A**	**N/A**	**N/A**
D-Dimer	N/A	**N/A**	**N/A**	**N/A**
BNP	N/A	**N/A**	**N/A**	**N/A**
HDL	N/A	**N/A**	**N/A**	**N/A**
LDL	N/A	**N/A**	**N/A**	**N/A**
Cholesterol	N/A	**N/A**	**N/A**	**N/A**
Triglycerides	N/A	**N/A**	**N/A**	**N/A**
Hgb A1c	N/A	**N/A**	**N/A**	**N/A**
TSH	N/A	**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**	**Dark yellow or** orange color.	The patient had oliguria and due to his chronic renal failure, his urine is orange tinge color (Van Leeuwen & Bladh, 2017, p. 1585)
pH	5.0-8.0	**N/A**	**9.0**	The patient has alkalosis because the kidney could not excrete metabolic products like bicarbonate and hence it causes alkalosis and increased pH (Van Leeuwen & Bladh, 2017, p. 1200)
Specific Gravity	1.005-1.034	**N/A**	**1.018**	-
Glucose	Normal		**Positive**	The patient had chronic diabetic nephropathy and hence glucose leaks in the urine which is called glucosuria and hence it is positive. (Van Leeuwen & Bladh, 2017, p. 1580)

Protein	Negative-Normal	**N/A**	**2+**	The patient has chronic kidney disease and hence it cannot do its normal function to absorb protein and protein leaks in the urine (Van Leeuwen & Bladh, 2017, p.1110).
Ketones	Negative	**N/A**	**negative**	-
WBC	<5	**N/A**	**51-150**	The patient had an acute UTI and in infection, the number of white blood cells is elevated (Van Leeuwen & Bladh, 2017, p.200).
RBC	0-3	**N/A**	**21-150**	In UTI, sometimes there is hematuria due to more destruction of red blood cells to fight off infection. Another reason is due to renal failure as the kidneys cannot reabsorb red blood cells and it leaks in the urine. (Van Leeuwen & Bladh, 2017, p.1115).
Leukoesterase	**Negative**	**N/A**	**2+**	The patient had chronic renal failure and hence leukoesterase is not reabsorbed which leaks in the urine (Van Leeuwen & Bladh, 2017, p.800).

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**		**The provider had ordered urine culture on 1/27 and the culture takes 2-3 days to grow so the data was unable to obtain.**
Blood Culture	Negative	**N/A**		
Sputum Culture	N/A	**N/A**		
Stool Culture	**N/A**	**N/A**		

Lab Correlations Reference (1) (APA):

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davi's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications* (7 ed.). Philadelphia, PA: F.A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT head

- Since the patient had a fall in his home and was unconscious for few minutes, his provider ordered a CT head to detect any cerebral issues (Capriotti & Frizzell, 2016, p. 230). The test was done at ED after stabilization of the patient. There was no acute intracranial hemorrhage, or any abnormality detected.

CT Abdomen and Pelvis

- The patient complained of flank pain and hesitancy and hence CT abdomen and pelvis were ordered after his condition was stabilized in ED. The patient also complained of severe constipation for few days. Stool softer was also given to the patient and he told that it helped him. In the stomach, it showed distension as the patient had a GERD and due to gastritis (Capriotti & Frizzell, 2016, p. 231). His spleen was also enlarged as the body is attempting to fight off infection due to UTI. In kidneys, it showed severe calcification of the abdominal aorta and both renal arteries. Also, there was severe calcification of renal arteries and all branches showed atherosclerosis**.**

EKG

- It showed normal sinus rhythm and revealed the right bundle branch block. The date mentioned in the chart was 2019 (Capriotti & Frizzell, 2016, p. 120).

Diagnostic Test Correlation (5 points):

CT head was ordered because it could reveal any brain malformation like a concussion as he fell in his home.

CT abdomen and pelvis were ordered to obtain his kidney function as he had chronic renal failure and he complained of hesitancy and flank pain.

EKG was ordered to determine his heart function because he had hyperlipidemia and morbid obesity which would be detrimental to the heart.

Diagnostic Test Reference (1) (APA):

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

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Pregabalin /Lyrics (Vallerand, Sanoski, & Deglin, 2017, p. 120)	Pantoprazole/Protonix (Vallerand, Sanoski, & Deglin, 2017, p. 80)	Atorvastatin/Statins (Vallerand, Sanoski, & Deglin, 2017, p. 70)	Atenolol/Tenormin (Vallerand, Sanoski, & Deglin, 2017, p. 11)	Calcium carbonate/Tums (Vallerand, Sanoski, & Deglin, 2017, p. 70)
Dose	4 mg	40 mg	20 mg	50 mg	1000mg
Frequency	Once daily	Once daily	Once daily	Once daily	Once daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Anticonvulsant	Antacid	Antilipid	Beta-Blocker	Antacid
Mechanism of Action	Reduces the action of neurotransmitters by blocking alpha 2 receptors	Blocks proton pump which prevents acid reflux.	It blocks the HMG Co reductase enzyme which lowers the formation of cholesterol.	It blocks the effects of epinephrine thereby relaxing blood vessels and lowering blood pressure.	Antacid works by inhibiting an enzyme called pepsin to reduce the acid reflux
Reason Client Taking	The patient had a convulsant episode in 2016	Patient has GERD	Due to Hyperlipidemia	The patient has hyperlipemia and morbid obesity	The patient had GERD and heartburn
Contraindications (2)	Hypertension Atherosclerosis	Diarrhea SLE	Hepatic Disease Gallbladder stones	Heart disease Fibromyalgia	Liver disease Stomach ulcer
Side Effects/Adverse Reactions (2)	Rash Hypersensitivity	Rash Nausea	Muscle pain Tingling	Hypotension Weakness Dizziness	Rash Vomiting
Nursing Considerations (2)	Monitor Blood pressure Monitor skin	Monitor for any skin lesion Eat after dinner to	Monitor for muscle pain by asking open-ended questions to the	Monitor blood pressure Monitor for	Monitor for skin integrity Take with food

	integrity and watch for rash or bruises.	prevent nausea	patient Movement of arms periodically to prevent tingling	weakness or dizziness	to prevent nausea and vomiting

Hospital Medications (5 required)

Brand/ Generic	Tylenol/ Acetaminophen (Vallerand, Sanoski, & Deglin, 2017, p. 30)	Amlodipine/ Norvasc (Vallerand, Sanoski, & Deglin, 2017, p. 50)	Ceftriaxone/ Rocephalin (Vallerand, Sanoski, & Deglin, 2017, p.60)	Clopidogrel (Plavix) (Vallerand, Sanoski, & Deglin, 2017, p. 40)	Enoxaparin (Vallerand, Sanoski, & Deglin, 2017, p. 60)
Dose	600 mg	50 mg	1 g injection	75 mg	30 mg
Frequency	Every 8 hour	Once every day	Every 12 hour	Once every day	Once every 12 hour
Route	Oral	Oral	Iv	Oral	Subcutaneous injection
Classification	Analgesic	Calcium channel blockers	Cephalosporins	Antiplatelet	Low molecular weight heparins

Mechanism of Action	Reduces the production of prostaglandins which decrease pain.	Reduces blood pressure and prevents angina.	Selectively inhibits and irreversible binds to the bacterial cell wall.	Selectivity inhibits ADP to form complex thereby inhibiting platelet aggregation.	Promotes antithrombin and accelerates the neutralization of coagulation factors.
Reason Client Taking	Due to flank pain	The patient had the right bundle branch block	Due to acute UTI	Due to the right bundle branch block	Due to hyperlipidemia and peripheral vascular disease
Contraindications (2)	Liver failure Hypersensitivity	Liver disease Aortic stenosis	Hemolytic anemia Gallbladder stones	Bleeding Stomach ulcer	Bleeding disorder Neoplasm
Side Effects/Adverse Reactions (2)	Itching Rash	Swelling Headache	Upset stomach Nausea	Rash Diarrhea	Hives Bruises
Nursing Considerations (2)	Observe for rash/itching Watch for ear pain or tenderness	Monitor blood pressure Take with food to prevent nausea	Take medication after dinner to prevent upset stomach Elevate the head of the bed if the patient is comfortable to prevent nausea	Monitor for any bruises or bleeding under the skin Ask patient about any rash after taking the drug	Administer at different sites to prevent bruises Monitor for bleeding after giving the injection for about 2 minutes to prevent bleeding diathesis.

Medications Reference (1) (APA):

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2017). *Davis's Drug Guide for Nurses* (15 ed.). Philadelphia, PA: F.A. Davis Company.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: Alert** **Orientation: Oriented to person place and time.** **Distress: Not in distress** **Overall appearance:**	The patient is alert, oriented to person, place, and time. He takes some time to reason but overall, he is responsive and attentive. The overall patient is very friendly, loves to talk with people, and has normal hair and skin patterns.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:**. **Braden Score:** 13 **Drains present: Y☒ N ☐** **Type:** Foley Catheter	The patient has some bruises near the central right iv line and his abdomen where he takes Lovenox injections. The patient described that he had eczema and his skin is dry and scaly, so he must apply lotion frequently. Skin turgor is normal, and no wounds and rashes were noted. Braden score:13
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The Head is midline with no deviations. Hair is sparse with baldness on the temporal side. Ears show no abnormal drainage, tympanic membrane visible, pearly grey. Hair present on chin. PERRLA is noted. The patient uses glasses regularly. The nose shows no deviated septum, turbinates' equal bilaterally. The oral mucosa is

	pink and moist with no notable abnormalities. Dentition is good and teeth are yellow.
CARDIOVASCULAR (2 points): **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:** **Right foot**	.Heart sound auscultated x5. S1, S2 heart sounds noted. Radial and pedal pulses were assessed. Pulses graded 2+ and present bilaterally. Capillary refill average at <2 seconds. The patient shows no signs of edema. No jugular vein distension. Edema of the right footnoted. The patient has a central line on the right side of his chest.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	No accessory muscle use when breathing. Trachea midline. No deviations. The patient is denying current shortness of breath. Anterior and posterior lung sounds auscultated. Lung sounds normotensive bilaterally. The patient currently breathing room air.
GASTROINTESTINAL (2 points): **Diet at home: Cardiac diet** **Current Diet: 1000 calorie diet** **Height: 6 feet** **Weight: 284 lb** **Auscultation bowel sounds:** **Last BM: Morning on 1/27** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	The patient is on a low carbohydrate diet and cardiac diet. He follows it regularly even at home. He described that he joined some groups to reduce his weight and manage other chronic conditions. On physical examination, pain and tenderness in RLQ. No scars or incisions. Bowel sounds are normoactive in all four quadrants. There is a foley catheter present which the provider ordered to remove.
GENITOURINARY (2 Points): **Color: Dark Orange color** **Character: Frothy** **Quantity of urine: Very less to none(2 ml)** **Pain with urination: Y ☒ N ☐**	The patient described that he has pain while he urinates and experiences hesitancy. He further states he has the urge to urinate but can only produce a little amount of urine. He had a foley catheter and was removed by me as he did not need one. He has blood in his urine, and he

Dialysis: Y ☒ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type: Foley Catheter** **Size: 2**	mentioned that he had this for few days. He is on dialysis three times a week for the last six months.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 27** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Fall score: 27** The patient is a high fall risk due to bilateral amputation of both knees. He has a prosthetic leg which he uses to ambulate. He is usually immobile and does not move frequently. He uses a wheelchair when he goes to grocery stores. He is weak, and he requires the assistance of people when he needs to ambulate.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient is alert and oriented. MAEW are not equal. The patient does not like to move his arms as there are pain and tenderness. Their speech and mental status are normal, and he does not have a sensory impairment. Patient does not have sensory impairment . He does not have any loss of consciousness but the patient states that he wanted to rest as he is exhausted from dialysis.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient is weak and lethargic and states that he likes to rest most of the time. When asked about the typical day he stated that he is unemployed and most of the time he is home except when he goes for grocery. He has a sister and niece with whom he is close with and they live in Danville. He is catholic by religion but does not visit the church regularly. He is very smart and a previous nursing student at Lakeview.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:01	**77 per minute**	**119/54**	**18 breaths**	**97.2 F**	**98 % room**

			per minute		**air**
16:00	**78 per minute**	**110/60**	**16 breaths per minute**	**97 F**	**97% room air**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:10	**6 Numeric scale 0/10**	**Right lower quadrant**	**Sharp pain**	Intermittent and pain on inhalation	**Given Tylenol.**
16:15	**4 Numeric scale 0/10**	**Right lower quadrant**	Sharp pain	Less in severity and intermittent	**No interventions implemented as patient does not want any pain-relieving medications.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 21 gauge **Location of IV**: central line right side **The date on IV: 1/27** **Patency of IV**: Patent and Iv line is correctly placed **Signs of erythema, drainage, etc**.: None **IV dressing assessment:** Clean, dry, and intact	0.9% normal saline 1000 ml

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200 ml – ice water	**2 ml**

Nursing Care

Summary of Care (2 points)

The patient is currently stable, and his blood pressure is maintained. The patient does have weakness and does not feel hungry. When asked for lunch or dinner patient did not feel hungry but eventually ordered some Jello. Vital signs are stable, but he still has intermittent pain in his right lower quadrant. He went to dialysis on 1/27 and hence he was tired and wanted to sleep in his room. He said that he had a bowel movement that day morning. Physician orders were to monitor his hypertension and his renal function. The provider was waiting for his urine culture results but started on ceftriaxone antibiotic. The plan for the patient is to be safe from falls and watch for any signs and symptoms of chronic renal failure as well as UTI.

Discharge Planning (2 points)

Discharge location: Danville, IL

Home health needs (if applicable): To eat a cardiac diet

Equipment needs (if applicable): Use wheelchair and bilateral prosthetic limb to reduce fall risk

Follow-up plan: None but the provider mentioned to watch for signs and symptoms of chronic renal failure and seek help immediately. Dialysis will be continued on the patient three times a week. The patient should follow up in an outpatient setting if needs arise.

Education needs: The patient needs to ambulate more and watch for signs and symptoms of the clot and orthostatic hypotension. Lovenox should be taken at a different site each time. Diet should be cardiac diet and attempts should be made to decrease weight.

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, the status of goals and outcomes, modifications to plan.
1. Impaired mobility related to orthostatic hypotension and evidenced by fall in his home. (Swearingen, 2016, p. 112)	**This is in relation to impaired gait as well as fall risk due to bilateral limb prosthesis and orthostatic hypotension.**	**1.** Monitor for blood pressure every 4 hours. **2.** Making sure the bed is in proper locked position and call light within reach of the patient.	**The patient agrees to adhere to watch for fall due to low blood pressure. He decided that he will keep some electrolyte drink with him in case he feels likes passing out.**
2. Impaired urinary elimination related to pain in right lower quadrant and evidenced by low urinary output and UTI. (Swearingen, 2016, p. 150)	**This is in relation to low urine output inpatient due to chronic kidney failure and acute UTI.**	**1. Drinking more fluids would help in low urinary output.** **3.** Cranberry juice offered to the patient as it alleviates pain and increases urinary output.	**The patient agreed to drink more water but did not feel like drinking cranberry juice.**
4. Impaired renal	**This is in**	**1. To continue**	**The patient's follow**

tissue perfusion as related to chronic kidney failure and evidenced by calcification renal arteries and glomerulosclerosis (Swearingen, 2016, p. 110)	**relation to chronic renal failure and patients with end-stage renal disease.**	**dialysis three times a week.** **2 Do BUN and creatinine levels twice a month to evaluate kidney function.**	**plan is to come for dialysis three times a week and the goal is to keep BUN and creatinine level under control by taking medications regularly.**

Other References (APA):

Swearingen, P. L. (2016). *All-In-One Nursing Care Planning Resource* (4 ed.). St. Louis, Missouri: ELSEVIER

Concept Map (20 Points):

Subjective Data

Patient complaints of pain in right lower quadrant and in flank region.
He is feeling very lethargic after fall and mentions that he is also having lack of appetite.
He also has nausea and vomiting like symptoms.
He has urge to urinate but does not produce enough urinary output.

Nursing Diagnosis/Outcomes

Impaired Mobility
Outcome – Patient's bed is properly locked and is on high fall risk .
Impaired Urinary elimination
Outcome- Maintain adequate hydration and measure the output every 4 hours.
Impaired renal tissue perfusion
Outcome- Hemodialysis three times a week and monitor BUN and creatinine levels.

Objective Data

Low blood pressure on admission.
Rates his pain of 6 on a scale of 10 in his flank region.
CT abdomen and pelvis shows calcification if bilateral renal arteries.
EKG reveals right bundle branch block and normal sinus rhythm.
Elevated blood glucose in blood and urine .
BUN and creatinine elevated.

Patient Information

RD is a 61 old male who comes to ED due to fall in his home due to low blood pressure. He is diabetic and has chronic renal failure and on hemodialysis. His past medical history includes diabetes and hyperlipidemia. His past surgical history gastric bypass and amputation of B/l legs below knee.

Nursing Interventions

Administer antibiotic to treat UTI.
Monitor vital signs especially blood pressure every 4 hours .
Monitor sign of bleeding
Monitor platelet count.
Asses the patient's pain level.
Show empathy and establic therapeutic relationship with the patient.
Monitor for elevated BUN and creatinine
Check for adequate urinary output
Devolp good listening skills
Educate the patient to administer levenox at different places to prevent brusies.