N321 Care Plan # 1

Lakeview College of Nursing

Name: Richard Kumpi

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
1/25/2021	D.C	55 y-o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/ Caucasian	unemployed	single	codeine
Code Status	**Height**	**Weight**	
Full code	4’ 11’’	152lb	

Medical History (5 Points)

Past Medical History: bipolar 1 disorder, carcinoma HCC, COPD, diabetes melitus, high cholesterol, hypertension, leukocytosis, persistent vomiting, depression

Past Surgical History: cesarean section, cholecystectomy, colonoscopy, lap umbilical hernia repair, upper gastrointestinal endoscopy.

Family History: mother deceased for, father deceased for lung cancer, grandmother died for cancer

Social History (tobacco/alcohol/drugs): active cigarette smoker, 0.5 p/d for 40 years. That gives a total of 182 packs per year. Patient chews drug marijuana daily.

Assistive Devices: none

Living situation: has a place (home) to live and lives with her daughter and her sister.

Education Level: has a high school diploma.

Admission Assessment

Chief Complaint (2 points): vomiting.

History of present Illness (10 points):On January 25th, 2021, a 55 y/o white, single female was admitted to OSF Sacred Heart Medical Center for vomiting that started 4 days earlier. She was vomiting through the mouth. Vomiting has been going on for 4 days, the patient stated she had hard time throwing up for 4 consecutive days before she was brought to the

ED. Client stated that vomiting is characterized with unpleasant taste, fatigue. Patient stated that eating was exacerbating her vomiting. Nothing could relieve her vomiting, she tried certain over-the-counter medications but could not relieve at all. Patient has been given an I.V fluid for fluid and electrolytes replacement. She is taking zofran and reglan and vomiting has stopped.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Cannabinoid hyperemesis syndrome.

Secondary Diagnosis (if applicable):diabetes mellitus

Pathophysiology of the Disease, APA format (20 points): Cannabinoid Hyperemesis Syndrome is a clinical condition caused by chronic cannabis abuse. Cannabinoids are naturally chemical compounds found in cannabis or marijuana that cause drug-like effects in the body. Cannabinoid hyperemesis syndrome leads to severe and repeated bouts of vomiting and nausea. Cannabinoids have two opposite fields of action: in the brain, they help prevent nausea and vomiting while they likely to cause nausea and vomiting in the GI tract. Although Cannabinoid has usually been used as stimulant for appetite and antiemetic drug used for nausea and vomiting caused by chemotherapy treatment, cannabinoids overuse is associated to disorders involving gut-brain axis causing irritable bowel syndrome, functional nausea and vomiting because certain receptors in the brain may become unresponsive to the drug causing adverse effects which, together with the intolerance of cannabinoids in the digestive tract trigger multiple series of nausea and vomiting (Periseti et al., 2020). In the GI system, the CB1receptors of cannabinoids once activated they inhibit gastric acid secretion, they lower esophageal sphincter relaxation,

cause visceral pain, inflammation, altered intestinal motility, and causes delayed gastric emptying. In the brain, cannabinoid receptors also located in the brainstem, which is the main center of control of nausea and vomiting the accumulation of the tetrahydrocannabinol (THC), the principal active compound in the marijuana receptors with anti-emetic properties that work on the central nervous system is a paradox in the GI system because it triggers episodes of nausea and vomiting (Gajendran et al., 2020).

The most manifested signs and symptoms include, repeated bouts of vomiting, ongoing nausea, dehydration, abdominal discomfort, diaphoresis, hot flashes. Patient may have tachycardia, hypertension, high glucose level, hypo fluids and electrolytes imbalance. Diagnosis includes physical exam and labs such as urine analysis, drug screen, X-rays of the abdomen, blood test. Treatment of CHS includes supportive therapy with I.V fluid replacement for hypo fluid and electrolytes imbalances, medications to treat nausea and vomiting, pain medication, and quit using marijuana (Gajendran et al., 2020). In the case of my patient, particular tests performed are blood test and urinalysis where cannabinoids were detected. My patient is being treated with 50% dextrose injection for fluid and electrolytes replenishment, oral potassium supplement, Albuterol/ ProAir HFA for bronchospasm, Zofran and Reglan to prevent nausea and vomiting.

Pathophysiology References (2) (APA):

Perisetti, A., Gajendran, M., Dasari, C. S., Bansal, P., Aziz, M., Inamdar, S., Tharian, B., & Goyalg, H. (2020). Cannabis hyperemesis syndrome: an update on the pathophysiology and management. *Annals of Gastroenterology*, *33*(6), 571– 578. https://doi.org/10.20524/aog.2020.0528

Gajendran M, Sifuentes J, Bashashati M, *et al*

(2020) Cannabinoid hyperemesis syndrome: definition, pathophysiology, clinical spectrum, insights into acute and long-term management

***Journal of Investigative Medicine* 2020; 68:1309-1316**

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	**M:4.5-6 million F: 4-5.5 million**	**5.39>**	**4.90**	**Red blood cell counts are higher in situation involving chronic disease. Patient has a past medical history of COPD, which lowers O2. This is the cause of high RBC value. (Hinkle, 2018)**
Hgb	**M: 14-16g/dl F: 12-15 g/dl**	**15.5**	**14.4**	
Hct	**M: 35-47% F: 42-52%**	**45.1**	**40.4**	
Platelets	**150,000-400,000 cells mm3**	**351**	**291**	
WBC	**4,500-11,000 cell/mm3**	**26.50>**	**14,70>**	WBC are higher in situation involving infection, stress, and Leukocytosis. Patient has past history of leukocytosis, an elevation in white blood cell counts. After antibiotic administration, the white blood cell count has evidently lowered but still higher. (Hinkle, 2018)
Neutrophils	**45-75%**	**83.9>**	**61.9**	Neutrophil levels are elevated in the presence of infection, depression, stress, inflammation. Patient has been given antidepressant meds. Neutrophil value has evidently returned to a normal value after receiving antidepressant meds. (Hinkle, 2018)
Lymphocytes	**20-40%**	**10.3<**	**30.2**	Lymphocytes are decreased in the presence of infections, cancerous agents, HIV/AIDS. Patient has past history of carcinoma. After treatment

				lymphocyte has increased to normal level (Hinkle, 2018)
Monocytes	**4-6%**	**4.5**	**5.9**	
Eosinophils	**¿ 7%**	**0.1**	**0.1**	
Bands	**¿ 0-5%**	**Not drawn**	**Not drawn**	

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 mmol/L**	**131<**	**134**	Hyponatremia is a decrease in serum sodium levels due to an excess of water relative to solute can be caused to use of diuretics, loss of GI fluids, renal disease. Patient was admitted to the hospital for vomiting disorders. Na+ level still low but has begun to rise after antiemetic treatment. (Hinkle, 2018, p.265)
K+	**3.5-5.0 mmol/L**	**2.9<**	**3.6**	Hypokalemia is a decrease in potassium level in blood. Can be caused by renal malfunction, GI losses (vomiting, diarrhea), use of diuretics. Patient was admitted to the hospital for vomiting disorders due to CHS this may cause the loss of potassium. Potassium level is back to normal after taking oral potassium supplements. (Hinkle, 2018, p.269)
Cl-	**98-107 mmol/L**	**88<**	**101**	Hypochloremia is a condition in which the chloride serum levels are low due to CHF, diabetic ketoacidosis, COPD. Patient has a past history of COPD. This causes low serum level of Cl- The value is back to normal after receiving an IV 0.9% sodium chloride. (Hinkle, 2018,p.281)
CO2	**35-45 mm Hg**	**27<**	**23<**	Carbon dioxide levels are decreased: metabolic acidosis, can be due to dehydration and anxiety,

				liver failure. Patient also has lab values related to the possibility of dehydration, lactic acidosis in the blood, ketone found in urine. (Hinkle, 2018,p.284)
Glucose	**70-100 mg/ dL**	**331>**	**191**	Elevated glucose levels may be associated with liver disease, diabetes DKA, and cannabis abuse. Patient has a past medical history of diabetes, is diagnosed with CHS. Ketones found in patient's urine lab results. Glucose level still high but has improved. (Hinkle, 2018)
BUN	**8-25 mg/dL**	**16**	**5<**	A low BUN level may be caused by a diet low in protein, malnutrition, or sever renal damage. (Hinkle, 2018)
Creatinine	**0.6-1.3 mg/ dL**	**0.85**	**0.49**	
Albumin	**3.5-5.2 mg/ dL**	**Not drawn**	**Not drawn**	
Calcium	**8.6-10 mg/dL**	**10.6>**	**8.8**	**Hypercalcemia, an elevated calcium serum can be caused by overactive parathyroid glands, cancer. Patient has a past history of cancer.** (Hinkle, 2018)
Mag	**1.3-2.3 mEq/L**	**Not drawn**	**Not drawn**	
Phosphate	**2.5-4.5 mg/ dL**	**Not drawn**	**Not drawn**	
Bilirubin	**0.1-1.4 mg/ dL**	**Not drawn**	**Not drawn**	
Alk Phos	**44-147 U/L**	**Not drawn**	**Not drawn**	
AST	**10-30 U/L**	**Not drawn**	**Not drawn**	
ALT	**10-40 U/L**	**Not drawn**	**Not drawn**	
Amylase	**30-110U/L**	**Not drawn**	**Not drawn**	
Lipase	**0-160 U/L**	**Not drawn**	**Not drawn**	
Lactic Acid	**0.5-2.2 mmol/L**	**3.9 >**	**Not drawn**	**Can be caused by severe dehydration, anemia, liver**

				disease. Patient has a history of dehydration, which explains these values. (Hinkle, 2018)

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	**2-3**	**Not drawn**	**Not drawn**	
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**Not drawn**	**Not drawn**	
PTT	**30-40 sec**	**Not drawn**	**Not drawn**	
D-Dimer	**¿ 250 ng/mL**	**Not drawn**	**Not drawn**	
BNP	¿100 *ng/L*	**Not drawn**	**Not drawn**	
HDL	**> 60**	**Not drawn**	**Not drawn**	
LDL	¿130 *mg/dL*	**Not drawn**	**Not drawn**	
Cholesterol	¿200 *mg/dL*	**Not drawn**	**Not drawn**	
Triglycerides	**¿ 150 mg/dL**	**Not drawn**	**Not drawn**	
Hgb A1c	**4-5.6 %**	**Not drawn**	**Not drawn**	
TSH	**0.5-5.0 mlU/L**	**Not drawn**	**Not drawn**	

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	**Colorless-yellow, clear**	**Hazy, yellow**	**Not drawn**	**Maybe caused by dehydration. Patient has history of dehydration.** (Hinkle, 2018)
pH	**4.5-8**	**7.0**	**Not**	

			drawn	
Specific Gravity	**1.005-1.035**	**1.018**	**Not drawn**	
Glucose	**none**	**3+**	**Not drawn**	**Glycosuria, a condition in which a pt's urine contains more glucose than it should be. Patient has a history of diabetes** (Hinkle, 2018)
Protein	**none**	**2+**	**Not drawn**	**Protein in urine may indicate kidney disease.** (Hinkle, 2018)
Ketones	**none**	**trace**	**Not drawn**	**Ketone in urine indicates diabetic ketoacidosis. Can also be caused by dehydration due to vomiting disorders. Patient has a history of dehydration and vomiting disorders.** (Hinkle, 2018)
WBC	**None or rare**	**0-5**	**Not drawn**	**Presence of WBC in urine may be due to leukocytosis or cancer. Patient has a history of carcinoma and leukocytosis.** (Hinkle, 2018)
RBC	**None or rare**	**negative**	**Not drawn**	
Leukoesterase	**none**	**negative**	**Not drawn**	

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	**≥ 100,000/ml**	**Not drawn**	**Not drawn**	
Blood Culture		**Not drawn**	**Not drawn**	
Sputum Culture		**Not drawn**	**Not drawn**	
Stool Culture		**Not drawn**	**Not drawn**	

Lab Correlations Reference (1) (APA):

Hinkle, J.L., & Cheever, K.H. (2018). ***Brunner & Suddarth's textbook of Medical Surgical Nursing*****. 14th Wolters Kluwer.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points): XR chest single view portable, normal lungs, heart normal in size aorta appears unremarkable no changes from 2020.

Diagnostic Test Correlation (5 points): XR chest single view portable was done to rule out any possible abnormalities in the lungs and heart. The results are negative, and no change noticed from the results from 2020.

Diagnostic Test Reference (1) (APA):

Hinkle, J.L., & Cheever, K.H. (2018). ***Brunner & Suddarth's textbook of Medical Surgical Nursing*****. 14th Wolters Kluwer.**

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

Home Medications (5 required) cannabinoid hyperemesis syndrome

Brand/ Generic	**Amlodipine / Norvasc (Jones & Bartlett, L, 2020, p. 61-63)**	**Insulin aspart/ novolog 100 uni/ml (Jones & Bartlett, L, 2020, p. 1342-1343)**	**Duloxetine/ Cymbalta (Jones & Bartlett, L, 2020, p. 379-381)**	**Omeprazole/ Prilosec (Jones & Bartlett, L, 2020, p. 912-913)**	**Trazodone/ Desyrel (Jones & Bartlett, L, 2020, p. 1264-1265)**
Dose	**Tablet 10 mg**	**2-10 units**	**30 mg**	**40 mg**	**150 mg**
Frequency	**Daily**	**3 / daily**	**Every night**	**2/daily**	**Every night**
Route	**Oral**	**SubQ**	**oral**	**Oral**	**Oral**

Classification	**Calcium channel blocker**	**Antidiabetic rapid acting insulin**	**Antidepressant, neuropathic and musculoskeletal pain reliever.**	**Antiulcer**	**Antidepressant**
Mechanism of Action	**Binds to dihydropyridine and nondihydropyridine cell membrane receptors sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels.**	**Lowers blood glucose levels by stimulating peripheral glucose uptake by fat , skeletal muscle, and inhibiting hepatic glucose production.**	**Inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS.**	**Omeprazole interferes with gastric acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system in gastric parietal cells.**	**Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect.**
Reason Client Taking	**To control hypertension** **To treat chronic stable angina and vasospastic angina**	**To improve glycemic control in patients with diabetes mellitus.**	**Depressive disorder** **Relieve neuropathic pain associated with diabetic peripheral neuropathy.**	**To treat symptomatic gastroesophageal reflux disease**	**To treat major depression disorder.**
Contraindications (2)	**Hypersensitivity to amlodipine or its products**	**Hypersensitivity to regular human insulin or its components** **Chronic lung disease (asthma, COPD)**	**Chronic liver disease** **Hypersensitivity to duloxetine or its products**	**Concurrent therapy with rilpivirine containing products** **Hypersensitivity to omeprazole**	**Patients recovery from acute MI** **Hypersensitivity to trazodone or its products.**

		during episode of hypoglycemia.		**or its products.**	
Side Effects/Adverse Reactions (2)	**Anxiety** **Dizziness**	**Confusion** **Hypokalemia**	**Seizures** **Hallucinations**	**Anemia** **Bronchospasm**	**Confusion** **Dizziness**
Nursing Considerations (2)	**Use amlodipine cautiously in pt with heart failure** **Monitor patient with impaired hepatic function.**	**Only mix with NPH insulin** **Rapid acting insulin is available as a cartridge so make sure to use correct device that brand.**	**Know that duloxetine should not be given to pt with severe renal impairment Monitor patient's serum sodium levels, it may lower serum levels.**	**Give omeprazole before meals** **Monitor patient urine output because the drug may cause acute interstitial nephritis.**	**Give larger portion of daily dose at bedtime if drowsiness occurs** **Closely monitor depressed pts for suicidal thoughts.**

Hospital Medications (5 required)

Brand/ Generic	**Atorvastatin/ Lipitor** **(Jones & Bartlett, L, 2020, p. 106-107)**	**Enoxaparin/ lovenox** **(Jones & Bartlett, L, 2020, p. 404-406)**	**Dextrose50 %/ d-glucose (Jones & Bartlett, L, 2020, p. 322-323)**	**Glucagon/ Glucagen. (Jones & Bartlett, L, 2020, p. 560-561)**	**ProAir/ Albuterol (Jones & Bartlett, L, 2020, p. 30-31)**
Dose	**20 mg**	**40 mg**	**12.5 g**	**1 mg**	**1-2 puff**
Frequency	**Nightly**	**Every 24hr**	**prn**	**prn**	**Every 4hr**

Route	**oral**	**Sub/ daily**	**Intravenous**	**Subcutaneous**	**inhalation**
Classification	**HMG-CoA reductase Antihyperlipidemic**	**Low molecular weight heparin Anticoagulant**	**Carbohydrate Nutritional supplement**	**Pancreatic hormone, antihyperglycemic**	**Adrenergic bronchodilator**
Mechanism of Action	**Reduces plasma cholesterol and lipoprotein levels by increasing the number of LDL receptors on the liver cells to enhance LDL breakdown.**	**Potentiate the action of antithrombin III, a coagulant inhibitor, to inactivate clotting factors.**	**Prevent nitrogen and protein loss, promote glycogen deposition, prevent/ decrease ketosis**	**Increases production of adenylate cyclase, which catalyzes conversion of triphosphate to cAMP.**	**Binds to beta2 adrenergic receptors in the smooth airway muscle and leads to bronchodilation**
Reason Client Taking	**To control lipid levels, pt has a history of high cholesterol** **To reduce risk of acute cardiovascular events.**	**To prevent DVT for pt with thromboembolic risk factors: cancer. Pt has a history of cancer** **To prevent DVT in patient with or without pulmonary embolism.**	**Patient has positive urine ketone lab** **To replace calories**	**To temporarily inhibit the movement of the GI tract to treat hypoglycemia, to provide emergency treatment**	**Shorten of breath** **Reversal of airway obstruction**
Contraindications (2)	**Active hepatic disease** **Hypersensitivity to atorvastatin or**	**Active major bleeding** **History of heparin induced**	**Intracranial/ intraspinal hemorrhage** **Hypersensitivity to**	**Hypersensitivity to glucagon** **Pheochromocytoma**	**Hypersensitivity to albuterol** **Cautiously in glaucoma**

	its products.	**thrombocytopenia.**	**corn or corn products**		
Side Effects/Adverse Reactions (2)	**Dizziness** **Headache**	**Confusion** **Hemorrhage**	**Confusion** **Fever**	**Hypertension** **Tachycardia**	**Nervousness** **Hypokalemia**
Nursing Considerations (2)	**Monitor diabetic patient's blood glucose levels.** **Use atorvastatin with caution in pt with a history of liver disease.**	**Use with extreme caution in pt with history of heparin induced thrombocytopenia.** **Use with caution in those with bleeding diathesis, diabetic retinopathy.**	**Give highly concentrate dextrose solution by central venous catheter not by I.M or Subq.** **Monitor pt for sign of hypovolemia**	**Monitor pt fornecrolytic migratory erythema.** **Expect to give I.V dextrose if pt doesn't respond to glucagon.**	**Monito potassium levels** **Monitor hypertension**

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). *2020 Nurse's drug handbook*. 19th ed. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness: alert** **Orientation: oriented x 4** **Distress:** **Overall appearance:**	**well developed, appears unamused, speaks with less discomfort, no SOB.** **Alert** **Oriented to person, time, day, and current event** **No acute distress** **Well groomed**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:**	 **Pink** **Mist/ normal** **Warm**

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Normal turgor 2+** **No rashes noted** **No bruises noted** **No wounds noted** **22**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and neck symmetrical, normal cephalic.** **Ears are symmetrical and free of discharge, no hearing deficiencies, no hearing aids.** **Eyes are symmetrical, no eyeglasses.** **Nose septum midline, no drainage or bleeding.** **Patient has natural teeth, no dentures.** .
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:**	 **Normal heart sound S1 and S2 heard without murmur.** **Normal cardiac rhythm noted** **Pulses are 2+throught bilaterally** **Normal, 2+** **No edema inspected or palpated in all extremities**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Non labored breathing** **No wheezes or crackles**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:**	 **Normal diet at home** **Normal diet** **4’ 11’’** **152 lb** **Normoactive bowel sounds in all 4 quadrants.** **Earlier today in the morning** **No pain or mass noted** **No distention** **Small incisions from laparoscopic hernia repair** **Unnoticeable scares** **No drains** **No wounds**

Feeding tubes/PEG tube Y ☐ N ☒ **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Yellow** **clear** **Voids independently**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**No edema, no neurovascular deficits noted** **Active ROM upper and lower extremities** **No supportive devices** **Equal strength both upper and lower bilateral** **Patient is not a fall risk and no history of falls** **0** **Patient is independent with no need of support to stand or walk.** **No need of any assistive devices for vision or gait at hospital or at home.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is awake in bed, has no complaint of fatigue. She is A&O x4. Patient has no issue on speech, she speaks English well and at a normal pace. Patient MAEW for current age and condition. Patient's strength is bilaterally equal. Patient shows no signs of neurological damage or impairment, she is alert, mature and cognitive.
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):**	Patient presents unamused. Patient states "I think about other things to deal with my discomfort" Patient acknowledges current or past drug and tobaccos use to deal with stress. Patient states she completed high school. Patient states she is Christian. She lives at home with her daughter and her sister. Patient states she has good support from her family. Patient is unemployed. She says, "I stay at home to clean the house, do the dishes or some laundry." After she is discharged, she

	will go back home.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0330	**84**	**151/76**	**16**	**97.1**	**100**
0540	**78**	**149/78**	**18**	**97.6**	**98**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0330	Numeric Scale 0/10	Patient denies pain	Patient denies pain	Patient denies pain	No interventions implemented
0540	Numeric Scale 0/10	Patient denies pain	Patient denies pain	Patient denies pain	No interventions implemented

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: N/A **Location of IV: N/A** **Date on IV: n/A** **Patency of IV: N/A** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment:**	

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
710ml	**Voids independently**

Nursing Care

Summary of Care (2 points)

Overview of care:

Procedures/testing done: XR chest single view portable, urinalysis, and other lab tests.

Complaints/Issues:

Vital signs (stable/unstable): unstable, her BP still high.

Tolerating diet, activity, etc.: yes, patient tolerates diet and other activities.

Physician notifications: continue on oral potassium, zofarin and reglan.

Future plans for patient: continue with oral potassium supplement, continue Zofran and reglan

Discharge Planning (2 points)

Discharge location: home

Home health needs (if applicable): not applicable

Equipment needs (if applicable): no equipment needed

Follow up plan: no follow up

Education needs: quit smoking and healthy life style.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1.Deficient knowledge related to lack of interest in learning health behaviors as evidenced by 40 years of substance abuse.	**Lack of knowledge about the consequences of cannabinoid abuse in the body due to lack of interest to learn good health behaviors has led the patient on drug abuse for 40 years.**	**1.Provide health teaching to help the patient establish a daily routine that includes improved health behaviors.** **2.encourage patient to quit smoking and drug use.**	**Patient was able to demonstrate healthy behaviors regarding rest, activity, and nutritional intake.** **Patient was able to follow an established daily routine to help quit smoking and drugs abuse.**
2.Ineffective coping related to inadequate coping skills as evidenced by 40 years of substance abuse.	**Emotion-focused strategies such as progressive relaxation, deep breathing, distraction such as music or workout play an important role when it comes to coping with stress and depression.**	**1.Patient will be communicated coping strategies to deal with stress.** **2. Provide support and referral for community resources to help the patient overcome stress and quit smoking.**	**Patient was able to demonstrate alternative ways to deal with stress, anxiety, and other feelings that was driving her to drug abuse.** **Patient is motivated participating in a small group from community resources to learn new lifestyle.**
3.Risk for fluid deficit and electrolytes imbalance related to cannabis intolerance as evidenced by episodes of nausea and vomiting disorders.	**Fluid and electrolytes imbalances can be life-threatening for the client. The assessment of the stimulus of nausea and vomiting will guide the choice of interventions to be used.**	**1.determine causes of nausea and vomiting and educate patient about appropriate fluid and dietary options.** **2.Record the patient's hydration status, daily weights, vital signs.**	**Patient was able to avoid stimulus that trigger nausea and vomiting.** **Patient was able to take antiemetic drugs to stop vomiting that cause fluid and electrolytes imbalance. Patient is able to promote adequate hydration and nutritional status**

Other References (APA):

Capriotti, Theresa. (2020). *Pathophysiology Introductory Concepts and Clinical Perspectives*.

Philadelphia, PA: F.A. Davis Company.

Blair, C., Johnson, J., Ball, B. S., Holman, H. C., Elkins, C. B., et al. (2019). *Content Mastery Series Review Module. RN adult medical surgical nursing: Review module.* ATI Assessment Technologies Institute.

Concept Map (20 Points):

Subjective Data

Patient reports that she been vomiting for 4 days. She also complains having unpleasant taste and fatigue.

Nursing Diagnosis/Outcomes

Deficient knowledge related to lack of interest in learning health behaviors as evidenced by 40 years of substance abuse.

Ineffective coping related to inadequate coping skills as evidenced by 40 years of substance abuse

Risk for fluid deficit and electrolytes imbalance related to cannabis intolerance as evidenced by episodes of nausea and vomiting disorders.
Goals met: Patient was able to demonstrate healthy behaviors regarding rest, activity, and nutritional intake.
Patient was able to follow an established daily routine to help quit smoking and drugs abuse
Patient was able to demonstrate alternative ways to deal with stress, anxiety, and other feelings that was driving her to drug abuse.
Patient is motivated participating in a small group from community resources to learn new lifestyle.
Patient was able to avoid stimulus that trigger nausea and vomiting.
Patient was able to take antiemetic drugs to stop vomiting that cause fluid and electrolytes imbalance. Patient is able to promote adequate hydration and nutritional status

Objective Data

Na+ low due Patient's episodes of vomiting disorders.
K+ low due to GI losses (vomiting)
Cl- is low because patient has a history of COPD. CO2 is low due to hydration and anxiety. Glucose is high due to cannabis abuse also patient has history of diabetes. WBC high because patient has history of leukocytosis.

Patient Information

On January 25th, 2021, a 55 y/o white, single female with many underlying medical conditions was admitted to OSF Sacred Heart Medical Center for vomiting that started 4 days earlier.

Nursing Interventions

- **Provide health teaching to help the patient establish a daily routine that includes improved health behaviors.**
- **Encourage patient to quit smoking and drug use.**
- **Patient will be communicated coping strategies to deal with stress.**
- **Provide support and referral for community resources to help the patient overcome stress and quit smoking.**
- **determine causes of nausea and vomiting and educate patient about appropriate fluid and dietary options.**
- **Record the patient's hydration status, daily weights, vital signs.**