N321 Care Plan

Lakeview College of Nursing

Junmian Zhao

Demographics (3 points)

Date of Admission 01/26/2021	**Patient Initials** EK	**Age** 75	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Widower	**Allergies** Clindamycin, depo-medrol, lincomycin, methylprednisolone, penicillin, prednisone
Code Status Full	**Height** 6 ft. 2 in	**Weight** 220 lbs.	

Medical History (5 Points)

Past Medical History: Hyperlipidemia, Anemia, Shoulder pain, History of malignant neoplasm of prostate, history of radical prostatectomy

Past Surgical History: EGD (2017), Colonoscopy (2017), Tonsillectomy/adenoids, Prostate surgery (Nov. 2016)

Family History: Sister had ruptured appendicitis

Social History (tobacco/alcohol/drugs): Patient states he did not visit area known to be high risk for Patient states no alcohol, COVID-19. His coronaviral test was negative. No sore throat, cough, shortness of breath, or difficulty breathing, no fever of 100.4 or greater degree within the last 7 days. Patient states he has no close contact with a person who is under investigation for COVID-19 while that person was ill. Patient states no smoke, no chewing tobacco.

Assistive Devices: No assistive devices.

Living Situation: Lives at home with his sister. Patient states he goes to church regularly.

Education Level: High-school diploma

Admission Assessment

Chief Complaint (2 points): Abdominal pain, pelvic area pain

History of present Illness (10 points): Patient is a 75-year-old male that presented to clinic stating that he had right pelvic pain. Pain present for some time but worse last two days. Patient states the pain is sharp, sometime goes to the right lower abdomen. Nothing makes better or worse, no nausea, vomiting, and diarrhea. Patients states that last bowel movement was 2 weeks ago. No fever, chills, shortness of breath, cerebral palsy, headache, trouble urinating muscle pain. No weight loss. Patient has a history of prostate cancer with surgery in 2006. Recent CTAP (Computed tomography arterial portography) shows peritoneal spread and spread to liver. The doctor sent him to ED yesterday to rule our appendicitis.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Appendicitis

Secondary Diagnosis (if applicable): Obstipation

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

The appendix is a small wormlike structure about 8 to 10 cm (3 to 4 inches) long. It attaches to the cecum just below the ileocecal valve. The appendix fills with byproducts of digestion and empties regularly into the cecum. Due to the small space and ineffective empties, the appendix has a high risk to infection, appendicitis. When the appendix becomes inflamed and edematous as a result of becoming kinked or occluded by a fecalith (i.e., hardened mass of stool), lymphoid hyperplasia (secondary to inflammation or infection), or rarely, foreign bodies (e.g., fruit seeds) or tumors. The inflammatory process increase intraluminal pressure, causing edema and obstruction of the orifice. Once obstructed the appendix becomes ischemic, bacterial overgrowth occurs, and eventually gangrene or perforation occurs. Clinical manifestations include as following, vague periumbilical pain with anorexia progress to right lower quadrant pain. About

50% of patients with appendicitis have nausea. A low-grade fever may be present. Appendicitis. Tenderness may be located at McBurney point when pressure is applied. Positive rebound tenderness sign and positive Rovsing sign may be present. Constipation may also occur with appendicitis. Diagnosis is based on the results of complete history and physical examination and on the lab findings and image studies. The CBC shows a elevated WBCs count with an elevation of the neutrophils. C-reactive protein levels are elevated. A CT scan can be ordered to determine the density of the right lower quadrant or localized distention of the bowel. When appendicitis is diagnosed, appendectomy, the surgical removal of appendix, is performed as soon as possible to reduce risk of perforation. To correct or prevent fluid and electrolyte imbalance, dehydration, and sepsis, antibiotics and IV fluids are given till surgery is performed. The surgery is performed using general anesthesia with either a low abdominal incision (laparotomy) or by laparoscopy. Both laparotomy and laparoscopy are safe and effective in the treatment of appendicitis with or without perforation. For complicated appendicitis (e.g., with gangrene or perforation), the patient is typically treated with a 3- to 5-day course of antibiotics postoperatively.

mot frequent cause of acute abdominal pain in the U.S., is the most common reason for emergency abdominal surgery. Although it occurs at any age, typically between the age of 10 and 30 years. Its incidence is slightly higher in males.

Gerontologic consideration: Although appendicitis occurs at any age, typically between the age of 10 and 30 years. It is uncommon in older adults. When appendicitis does occur in older adults, classic signs and symptoms are altered and may vary greatly. Pain may be absent or minimal. Fever and leukocytosis may not be present. The patient may have no symptoms until the appendix becomes gangrenous or perforates. The incidence of complications is higher in older adults because many of these patients do not seek health care as quickly as younger patients.

Patient is a 75-year-old male with a history of prostate cancer. He presented in clinic for abdominal pain. He and his sister concerned about appendicitis. A COVID-19 was ordered to rule out coronavirus. Based on his history of prostate cancer and recent hematuria. Urinalysis, CBP, CBC, and CTAP are ordered. The lab value shows a low level of RBCs 4.34 x 10^6and Hgb 13.7 g/dL, low level of lymphocytes , 17.8%. Blood glucose was 113 mg/dL, less than 126 mg/dL. The patient and his sister is concerned that he may have appendicitis because the sister had ruptured appendicitis. The doctor does not believe that the patient has appendicitis, he ordered the CTAP to rule out appendicitis. The result of CTAP was not clear to identify and follow the proximal appendix, there appears to be a fluid-filled blind-ending loop at the entrance of the right inguinal canal, however. It measures 1.1 cm in diameter.

Pathophysiology References (2) (APA):

Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Philadelphia: Wolters Kluwer.

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia, PA: F.A. Davis.

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	Male: 4.5-6x10^6/L Female: 4-5.5x10^6/L	4.34x10^6/L	N/A	Anemia is a common side effect of patients with cancer. This patient has history .of both cancer and anemia. In addition, patient was on

				NPO.
Hgb	Male:14- 16 g/ dL Female: 12-15 g/dL	13.7 g/dL	N/A	Low level of Hgb indicates the patient has anemia.
Hct	Male: 35%-47% Female: 42%-52%	42.2%	N/A	
Platelets	150,000-450,000/mm^3	348,000/ mm^3	N/A	
WBC	4,500-11,000/ mm^3	6,400/mm^3	N/A	
Neutrophils	45%-75%	74.4%	N/A	
Lymphocytes	20%-40%	17.8%	N/A	
Monocytes	4%-6%	5.8%	N/A	
Eosinophils	Less than 7%	1.3%	N/A	
Bands	0-10%	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 mEq/L	138 mEq/L	N/A	
K+	3.5-5.0mEq/ L	4.3 mEq/L	N/A	
Cl-	98-108 mEq/L	102 mEq/L	N/A	
CO2	24-31 mEq/ L	27 mEq/L	N/A	
Glucose	70-100 mg/dL	113 mg/dL	N/A	The patient is undergoing pain, the elevated blood glucose level indicates the patient responds to the stress, the body need more readily available energy (Cheever & Hinkle, 2018).
BUN	8-25 mg/dL	12 mg/dL	N/A	

Creatinine	0.6-1.3 mg/dL	0.86 mg/dL	N/A	
Albumin	3.5-5.2g/dL	4.0 g/dL	N/A	
Calcium	8.6-10 mg/dL	8.8 mg/dL	N/A	
Mag	1.3-2.3 mg/dL	N/A	N/A	
Phosphate	2.5-4.5 mg/dL	N/A	N/A	
Bilirubin	0.1-1.4 mg/dL	N/A	N/A	
Alk Phos	30-120 u/L	80 U/L	N/A	
AST	10-30 U/mL	20 U/mL	N/A	
ALT	10-40 u/mL	16 U/mL	N/A	
Amylase	25-125 u/L	57 u/L	N/A	
Lipase	12-70 u/mL	12.0 u/L	N/A	
Lactic Acid	0.5-2.2 mEq/L	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	N/A	N/A	
PT	Male:9.6-11.8 seconds Female: 9.5-11.3 seconds	N/A	N/A	
PTT	30-40 seconds	N/A	N/A	
D-Dimer	≤ 250 mg/mL	N/A	N/A	

BNP	< 100 pg/mL	N/A	N/A	
HDL	> 60 mg/dL	N/A	N/A	
LDL	< 130 mg/dL	N/A	N/A	
Cholesterol	< 200 mg/dL	N/A	N/A	
Triglycerides	< 150 mg/dL	N/A	N/A	
Hgb A1c	4%-5.6%	N/A	N/A	
TSH	0.4-4.5 mU/L	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 and clear	Yellow, clear	N/A	
pH	4.5-8	6.5	N/A	
Specific Gravity	1.005-1.035	1.010	N/A	
Glucose	None	N/A	N/A	
Protein	None	Negative	N/A	
Ketones	None	Negative	N/A	
WBC	None or rare	Negative	N/A	
RBC	None or rare	Negative	N/A	
Leukoesterase	None	Negative	N/A	

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

Test	Normal	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
Urine Culture	Negative	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Philadelphia: Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT, Abdomen + Pelvis, with contrast

Diagnostic Test Correlation (5 points):

CT of Abdomen + Pelvis with contrast:

Results:

1. Appendix: The result was difficult to identify and follow the proximal appendix. here appears to be a fluid-filled blind-ending loop at the entrance of the right inguinal canal, however. It measures 1.1 cm in diameter.
2. Intraperitoneal space: in between the liver and the diaphragm there is soft tissue thickening measuring up to 2.0 cm, concerning for possible omental caking. There is a small amount of abdominal ascites. There is mild misting and nodularity of the mesentery otherwise.
3. Vasculature: There are atherosclerotic calcifications of the aorta and coronary arteries.
4. Lymph nodes: there are calcified lymph nodes of the right hilum.

The patient came in the hospital with abdominal pain, pelvic pain. Due to history of prostate cancer and recent hematuria, the doctor order CTAP to rule out appendicitis.

Diagnostic Test Reference (1) (APA):

Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Philadelphia: Wolters Kluwer.

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

Home Medications (5 required)

Brand/ Generic	Aspirin/ acetylsalicylic acid	Calcium	Iron	Magnesium	Pepcid/ Famotidine
Dose	325 mg	600 mg	65 mg	250 mg	40 mg
Frequency	1 x Daily	1 x Daily	1 x Daily	1 x Daily	2 x Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	NSAID	Antacid	Hematinic	Electrolyte replacement	Antiulcer agent
Mechanism of Action	Block cyclooxygenase, the enzyme needed for prostaglandin synthesis. Inhibits platelet aggregation. Aspirin can cause peripheral vasodilation.	Increase level of intracellular and extracellular calcium, especially in the nervous and musculo-skeletal system.	Restores hemoglobin and replenishes iron stores. Iron binds to available protein parts to form hemosiderin or ferritin, to replenish hemoglobin and deplete iron stores	Assists all enzymes involved in phosphate transfer reactions that use ATP.	Famotidine, an H2-receptor antagonist, reduces HCl formation by preventing histamine from binding with H2 receptors. By doing so, the drug helps prevent peptic ulcers from forming and helps heal existing ones.
Reason Client Taking	To treat hyperlipidemia. Prevent blood clots.	Prevent age -related osteoporosis	Patient has history of anemia	Prevention of age-related change	Prevention of age-related change

Contraindi cations (2)	Active bleeding or coagulation disorders; breastfeeding; current GI bleeding or ulcers.	Renal calculi; Ventricular fibrillation	Anemia other than iron deficiency; Hyper-sensitivity to iron components	For magnesium chloride: coma, heart disease. For use as laxative: acute abdominal problem.	Heper-sensitivity to famotidine, or other H2-receptor antagonists.
Side Effects/ Adverse Reactions (2)	Confusion, GI bleeding, hepatotoxicity, thrombo-cytopenia	Hypotension; Hyper-calcemia.	Seizures, Abdominal pain, hematuria, hypotension	Arrhythmias Hypotension Magnesium toxicity	Arrhythmias Abdominal pain, constipation
Nursing Consider-ations (2)	Instruct patient to stop taking aspirin and notify prescriber if any symptoms of GI bleeding occur. Advise parents not to give aspirin to a child or adolescent with chickenpox or flu symptoms because of risk of Reye's syndrome.	Store at room temperature, don't freeze. Remind patient to take calcium separate from other prescribed drug. For example, teel the patient to take fluoro-quinolone at least 2 hours before or 6 hours after calcium.	Monitor patient for S&S of anaphylaxis; Assess blood pressure often after iron administer-ation.	Observe for and report early evidence of hyper-magnesemia; Be aware that magnesium chloride for injection contains the preservative benzyl alcohol, which may cause fatal toxic syndrome in neonates and premature infants.	Instruct patient to store famotidine oral suspension at room temperature and to protect it from freezing. Instruct patient to carefully chew chewable tablets thoroughly before swallowing.

Hospital Medications (5 required)

Brand/ Generic	Dulcolax/ Bisacodyl	Cipro/ Ciprofloxacin	Tylenol/ Aceta-minophen	Ketorolac/ Toradol	Protostat/ Metro-NIDAZOLE
Dose	5 mg	400 mg	650 mg	30 mg	500 mg
Frequency	Once	Two times per day	Every 6 hours PRN	Every 6 hours	Every 8 hours
Route	Oral	IV	Oral	IV push	IV
Classification	laxative	antibiotic	Antipyretic, nonopioid analgesic	Anti-inflammatory, analgesic	Antiprotozoal
Mechanism of Action	Delayed release form. It dissolves in the colon and ensures a laxative effect after oral intake. It stimulates the intestinal mucosa, causing peristalsis. Also increases water content of stool.	Inhibits the enzyme DNA gyrase, which is responsible for the unwinding and supercoiling of bacterial DNA before it replicates.	Inhibits the enzyme Cyclo-oxygenase, blocking prosta-glandin production and interfering with pain impulse generation in the peripheral nervous system.	Blocks cyclo-oxygenase, inhibiting prostaglandin synthesis.	Undergoes intracellular chemical reduction during anaerobic metabolism. Inhibits bacterial nucleic acid synthesis and causes cell death.
Reason Client Taking	Empty the bowel before surgery. And also treat constipation.	Prevent postoperative infection	Pain management	Severe pain management	Prevent anaerobic infections
Contraindi-cations (2)	Acute GI disease such as	Tizanidine Hyper-sensitivity to	Severe hepatic impairment.	Peptic ulcer disease Coagulation	Breastfeeding Disulfiram use within past 2

	appendicitis. Severe dehydration, and electrolyte imbalance	cipro-floxacin, quinolones, or their components	Severe active liver disease	disorders	week Trichomoniasis during first trimester of pregnancy
Side Effects/Adverse Reactions (2)	Diarrhea, abdominal pain. headache	Hepatic failure Acute renal failure. Acidosis, anaphylaxis.	Nausea, vomiting. Hepatoto-xicity	Agranulo-cytosis GI problems	Aseptic meningitis. Seizure. Agranulocytosis.
Nursing Considerations (2)	A serum electrolyte test is necessary when the patient is taking bisacodyl and shows symptoms of acid/base disturbances. Laxative abuse may make constipation reoccur after stopping this medication.	Obtain culture and sensitivity test results before therapy. Patient routinely for signs of rash or other hyper-sensitivity reactions, even after patient has received multiple doses.	Use Cautiously in patients with hepatic impairment or active hepatic disease. Liver function test results, including AST, ALT, bilirubin, and creatinine levels is necessary before long-term therapy.	Monitor CBC, kidney and liver labs. Monitor for thrombotic events due to increased risk.	If patient has adverse CNS reactions, such as peripheral neuropathy or seizures, prescriber must be told and drug stopped immediately. Instruct female patient to notify prescriber if she is pregnant, intends to get pregnant, or is breastfeeding.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020) *2020 nurse's drug handbook*. Burlington, MA.

Lawrensia, S. (2020, November 05). Bisacodyl. Retrieved February 01, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK547733/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** Patient is alert **Orientation:** Oriented to person, place, time and situation. **Distress:** No visible distress noticed. **Overall appearance:** Overall appearance is normal, patient is well-groomed.	
INTEGUMENTARY (2 points): **Skin color:** Pink **Character:** Dry **Temperature:** Warm **Turgor:** Normal skin turgor return in 2 seconds. **Rashes:** No rashes **Bruises:** Bruise around umbilicus with size 4 cm in diameter. **Wounds:** Four laparoscopic incisions locates in abdominal area. **Braden Score:** 20/23 **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck:** Head and are midline. No trauma noticed. No lymphadenopathy, thyroid not palpable without lesion. **Ears:** Ears are symmetrical, no lesion, no drainage, no redness to outer ear. Tympanic membrane pearlygray bilaterally. **Eyes:** Eyelids is intact, moist, no lesion, no drainage. Sclera is white bilaterally, cornea is clear bilaterally. PERRLA noted bilaterally. EOM is normal bilaterally. **Nose:** Septum is midline, no deviation. Bilateral turbinates equal, moist, and pink, no bleeding noted. Sinuses no tenderness. **Teeth:** Oral mucosa pink and moist without lesion, uvula is midline. Teeth are good, no dentures.	.
CARDIOVASCULAR (2 points):	.

Heart sounds: S.1 and S2 observed, no murmurs, no gallops noted **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** N/A **Peripheral Pulses:** All pulses are palpable with 2+ bilaterally. **Capillary refill:** Normal capillary refill less than 3 seconds bilaterally. **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds:** Bilateral lung sounds clear, thoroughly with symmetrical chest expansion. . NO crackles, no wheezes, no rhonchi, no labored breathing noted.	.
GASTROINTESTINAL (2 points): **Diet at home:** Regular diet **Current Diet:** NPO **Height:** 6 ft. 2 in **Weight:** 210 lbs. **Auscultation Bowel sounds:** Active bowel sounds in all 4 quadrants. **Last BM:** Two weeks ago since admission. **Palpation: Pain, Mass etc.:** Mild pain in lower abdominal quadrants. No organomegaly or masses detected. **Inspection:** Abdomen round, no lesion, bruise size 4 cm in diameter noted around . umbilicus **Distention:** Abdomen slightly swollen due to surgery. **Incisions:** 4 laparoscopic incisions locates in abdominal area. **Scars:** No scars. **Drains:** No drains. **Wounds:** 4 laparoscopic incisions locates in abdominal area. **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	.
GENITOURINARY (2 Points): **Color**: Dark yellow **Character:** Clear **Quantity of urine:** 500 mL output **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: ☒ N ☐** **Type:** Foley **Size:** 14 fr	

MUSCULOSKELETAL (2 points): **Neurovascular status:** Patient is alert and oriented to time, person, place and situation. **ROM:** Active range of motion bilaterally **Supportive devices:** No supportive devices **Strength:** Equal bilaterally in upper and lower extremities **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 20 **Activity/Mobility Status:** Walk by 1 assistance **Independent (up ad lib)** ☐ Independent **Needs assistance with equipment** ☐ No **Needs support to stand and walk**☐ No	.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** Oriented to person, place, time and situation **Mental Status:** Competent **Speech:** Clear and intact, communicates appropriately for age. **Sensory:** Intact **LOC:**	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Effective **Developmental level:** Appropriate for age **Religion & what it means to pt.:** Christian. Patient goes to church regularly. **Personal/Family Data (Think about home environment, family structure, and available family support):** Patient lives with his sister.	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	**62**	**125/75**	**16**	**96.8**	**96**
1115	**62**	**132/75**	**18**	**96.4**	**95**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0800	**1-10**	**Abdomen**	**2**	**Dull**	**No medication given, patient tolerates.**
1120	**1-10**	**abdomen**	**2**	**Dull**	**No medication given, patient tolerates.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 gauge **Location of IV:** Right anterior forearm **Date on IV:** 1/26/2021 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** No erythema, drainage, swelling, or tenderness. **IV dressing assessment:** Dry and intact.	Ciprofloxacin @ 200 mL/hr

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
100 mL	**500 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted on 1/26/2021 complaining of pain in right lower quadrant. Due to history of prostate cancer, doctor ordered CTAP for patient to rule out appendicitis. The result was not clear to identify appendix but show cancer spread to peritoneal and liver. Patient and his sister believe he has appendicitis because sister had history of appendicitis. Patient had surgery of appendectomy. Patient was given Toradol for pain, and also hydromorphone IV and acetaminophen oral PRN for pain, and metronidazole IV and ciprofloxacin IV for prevention of infection. Patient was on NPO. Patient was walking by 1 nurse assistance 24 hours after surgery.

Procedures/testing done: Patient had laparoscopic appendectomy, abdominal CT, CMP, CBC, Urinalysis, Amylase, and Lipase.

Complaints/Issues: No issues or complaints

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient has mild abdominal pain. He was tolerating to walk around the unit with one nurse assistance.

Physician notifications: Notify primary care provider of laparoscopic appendectomy, peritoneal liver spread of cancer.

Future plans for patient: The patient will discharge home with sister and receive follow-up care from outpatient services and his primary care provider.

Discharge Planning (2 points)

Discharge location: Patient will discharge home with his sister.

Home health needs (if applicable): No home health needs are necessary at this time.

Equipment needs (if applicable): No equipment needs at this time,

Follow up plan: Patient will have follow-up appointment with his primary care provider.

Education needs:

1. Wound healing and prevention of infection.

- Educate patient signs and symptoms of inflammation and infection.
- What to do when symptoms occur.
- Nutrition that promote wound healing.

2. New medications.

- Educate on the purpose of new medications
- Administration instructions.

- Side effects of medications.
- Contraindications of new medications.
- Allergic reactions, the time he should contact his primary care provider.

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 infection related to broke skin	Patient had a surgery. Surgery is a risk factor of infection.	**1.**Adhere to facility infection control, sterilization, and aseptic policies and procedures. **2.**Verify sterility of all manufacturers' items.	The patient understood the procedure and cooperated. The main goal is maintain aseptic environment and identify risk factor, reduce potential infection. Most are nurse's responsibility. Patient understood the goal and cooperated when check his wound for any signs and symptoms
2. Impaired Skin Integrity related to mechanical interruption of skin/tissues evidenced by broken skin	Patient had laparoscopic appendectomy and IV catheter in place. Intact skin is the body first line of defense against infection.	1. Reinforce initial dressing and change as indicated. Use strict aseptic techniques. 2.Inspect incision and IV site regularly, noting characteristics	The patient was cooperative with nurse to check his IV site and abdominal incisions. The goal of wound care is to achieve timely wound healing, there is no evidence that showed

		and integrity. Note patients at risk for delayed healing	the patient develop signs and symptoms of infection.
3.Acute pain related to Disruption of skin, tissue, and muscle integrity evidenced by reports of pain 8 out 10 on a scale of 1-10		**1.** Analgesics IV, in this case it was Ketorolac. (after reviewing anesthesia record for contraindications and/ or presence of agents that may potentiate analgesia); **2**.Patient-controlled analgesia (PCA)	The goal of pain management is reporting of pain relieved and appearing relaxed, able to rest/sleep and participate in activities appropriately. The goal were achieved, the patient started reporting mild general abdominal pain, and walking around the unit next day after the surgery.

Other References (APA):

Vera, M., By, -, Vera, M., & Matt Vera is a registered nurse with a bachelor of science in nursing since 2009 and is currently working as a full-time writer and editor for Nurseslabs. During his time as a student. (2021, January 18). Nursing Diagnosis: Everything You Need to Know [2020 Guide]. Retrieved February 02, 2021, from https://nurseslabs.com/nursing-diagnosis/

Concept Map (20 Points):

The patient states right abdominal pain, pelvic pain. Pain present for some time but last two days worse. Sharp pain, sometimes goes to the right lower quadrant. Nothing makes better or worse. No nausea, vomiting and diarrhea, last bowel movement was two weeks ago. Patient has no fever, chills, shortness of breath, headache, trouble urinating muscle pain, no weight loss. Patient has a history of prostate cancer with surgery in 2006. However recent CTAP shows peritoneal spread and spread to liver.

Alcohol or illegal drug use, non smoker.

Subjective Data

Nursing Diagnosis/Outcomes

For infection related to broke skin.
Identify individual risk factors and interventions to reduce potential for infection.
Impaired Skin Integrity related to mechanical interruption of skin/tissues evidenced by broken skin.
By the day discharging, incisions show no any signs and symptoms of inflammation and infection.
Acute pain related to Disruption of skin, tissue, and muscle integrity evidenced by reports of pain 8 out 10 on a scale of 1-10.
The patient shows relaxed, able to rest and sleep and tolerate to exercise 24 hours postoperation.

Height: 6'2"
Weight: 220 lbs.

Vitals:
BP: 125/75
Heart rate: 62
Respiration: 18
Temperature: 96.4 F
O2: 96%
Pain: 2/10 – Toradol given at 1037

Blood Glucose: 113 mg/dL
Red Blood Cell: 4.34x10^6/uL
Hemoglobin: 13.7 g/dL
Lymthocyte: 17.8%

Objective Data

Patient Information

75-year-old Caucasian male
Admissed on 01/26/2021
Diagnosis: Appendicitis
Patient allergic to Clindamycin, Depo-Medrol, Lincomycin, Methylprednisolone, Penicillin, Prednisone.
Full cold

Nursing Interventions

Adhere to facility infection control, sterilization, and aseptic policies and procedures.
Verify sterility of all manufactures' items.

Reinforce initial dressing and change as indicated.
Use strict aseptic techniques.
Inspect incision and IV site regularly, noting characteristics and integrity. Note patients at risk for delayed healing.

Analgesics (Ketorolac) IV.(after reviewing anesthesia record for contraindications and/or presence of agents that may potentiate analgesia.
Patient-controlled analgesia (PCA).