N321 Care Plan #1

Lakeview College of Nursing

Alexis Cribbett

N321 Care Plan

Demographics (3 points)

Date of Admission 01/20/2021	**Patient Initials** R.E.H.	**Age** 67	**Gender** Male
Race/Ethnicity White/Non-Latino	**Occupation** Self-Employed	**Marital Status** Married	**Allergies** None
Code Status Full	**Height** 5’ 11”	**Weight** 176 lbs	

Medical History (5 Points)

Past Medical History:
COPD
Diabetes Mellitus
Hypertension
Paroxysmal Atrial Fibrillation

Past Surgical History:
Toe Amputation

Family History:
Mother: Dementia, Hypertension

Social History (tobacco/alcohol/drugs):
Smoked cigarettes for 40 years
Oxycodone - recent use
No alcohol or smokeless tobacco

Assistive Devices: Boot

Living Situation:
Currently lives with his wife, son, daughter, and mother

Education Level: 10th grade

Admission Assessment

Chief Complaint (2 points): Drainage and a non-healing foot

History of present Illness (10 points):.The patient had a transmetatarsal amputation two months ago (November 30th, 2020) for a diabetic, non-healing foot. Came into the ER on the 20th of

January complaining of pus drainage and a foul smell. He was admitted for a diabetic foot infection

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. Diabetic Foot Infection

Secondary Diagnosis (if applicable):.

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

Diabetic foot infections are common in people with uncontrolled type 1 and type 2 diabetes. The older population and those with co-morbidities are more at risk for developing an infection. There are four main compenents to developing diabetic foot infections; “loss of glycemic control, peripheral neuropathy, peripheral vascular disease, and immunosuppression” (Murphy-Lavoie, H.M., et al., (2020). Loss of sensation and poor circulation in the feet is caused by microvascular injury and peripheral neuropathy. Most of these infections start out as streptococcal or staphylococcal infections, “but as the depth and severity of infection increases, they quickly become polymicrobial infections” (Murphy-Lavoie, H.M., et al., (2020) Osteomyletis can develop if the infection extends into deep lower-level tissue, and can become a cause for toe or foot amputation

Signs and symptoms to watch out for include pain, pus, warmth and swelling, and an unhealing ulcer. Fever, chills, and consistent blood drainage are also signs to monitor.

Diagnosis includes observing clinical signs and symptoms of inflammation. Cultures should also be taken, after debridement, to determine the specific type of bacteria and which medications can help treat the infection

Treatment and management options for wound care are treating and preventing infection, debridement of necrotic tissue, maximization of perfusion, nutrition, and oxygen delivery, and

keeping a moist wound environment. Antibiotics can also be delivered and duration varies from 2-6 weeks depending on if osteomyelitis is present. It is also extremely important to carefully examine the wound and foot to effectively "measure and prevent lower extremity amputation" (Capriotti, T. M. (2020).

Pathophysiology References (2) (APA):

Capriotti, T. M. (2020). PATHOPHYSIOLOGY : introductory concepts and clinical perspectives.
F A Davis.
Murphy-Lavoie, H. M., Ramsey, A., Nguyen, M., & Singh, S. (2020, December 8). Diabetic Foot Infections. NCBI. https://www.ncbi.nlm.nih.gov/books/NBK441914/

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.4 - 5.8 10^6/mL	3.56 10^6/mL	3.21 10^6/mL	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September 19).
Hgb	13 - 16.5 g/dL	10.8 g/dL	9.9 g/dL	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September 19).
Hct	38 - 50%	32.8%	29.4%	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September 19).
Platelets	140 - 440 10^3/uL	267 10^3/uL	242 10^3/uL	
WBC	4 - 12 10^3/uL	6.10 10^3/ uL	7.9 10^3/uL	
Neutrophils	40 - 68%	53.5%	49.1%	
Lymphocytes	19 - 49%	35.5%	41.5%	
Monocytes	3 - 13%	7.4%	7.1%	
Eosinophils	0 - 8%	2.9%	1.9%	
Bands	None	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-	133 - 144 mmol/L	131 mmol/L	140 mmol/L	Consistent with dehydration Capriotti, T. M. (2020)
K+	3.5 - 5.1 mmol/L	6 mmol/L	4.1 mmol/L	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September 19).
Cl-	98 - 108 mmol/L	104 mmol/L	108 mmol/L	
CO2	21 - 36 mmol/L	22 mmol/L	26 mmol/L	
Glucose	70 - 99 mg/dL	251 mg/dL	165 mg/dL	The patient does not take proper measures to control diabetes mellitus Capriotti, T. M. (2020)
BUN	7 - 25 mg/dL	32 mg/dL	25 mg/dL	Consistent with having uncontrolled diabetes Diabetic Kidney Disease. (2021, February 3).
Creatinine	0.5 - 1.2 mg/dL	1.74 mg/dL	1.48 mg/dL	Consistent with having uncontrolled diabetes Diabetic Kidney Disease. (2021, February 3).
Albumin	3.5 - 5.7 mg/dL	3.5 mg/dL	N/A	
Calcium	8.6 - 10.3 mg/dL	8.7 mg/dL	8.1 mg/dL	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September 19).
Mag	1.6 - 2.6 mg/dL	2.2 mg/dL	2.3 mg/dL	
Phosphate	2.5 - 4.5 mg/dL	N/A	N/A	
Bilirubin	0.2 - 0.8 mg/dL	0.2 mg/dL	N/A	
Alk Phos	34 - 104 mg/dL	163 mg/dL	N/A	Consistent with acute diabetic nephropathy Jennifer, T. A. (2019, September

				19).
AST	13 - 39 U/L	15 units/L	N/A	
ALT	7 - 52 U/L	18	N/A	
Amylase	23 - 85 U/L	N/A	N/A	
Lipase	0 - 160 U/L	N/A	N/A	
Lactic Acid	4.5 - 19.8 mg/dL	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 - 1.1	N/A	N/A	
PT	11 - 13.5 seconds	N/A	N/A	
PTT	25 - 35	N/A	N/A	
D-Dimer	< 0.5	N/A	N/A	
BNP	< 100 pg/mL	N/A	N/A	
HDL	45 - 90 mg/dL	N/A	N/A	
LDL	< 100 mg/dL	N/A	N/A	
Cholesterol	< 200 mg/dL	N/A	N/A	
Triglycerides	< 150 mg/dL	N/A	N/A	
Hgb A1c	0 - 5.7%	12%	N/A	The patient does not take proper measures to control diabetes mellitus Capriotti, T. M. (2020)
TSH	0.4 - 4 mIU/L	N/A	N/A	

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

Urinalysis not completed

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Colorless - yellow, clear	N/A	N/A	
pH	5.0 - 7.0	N/A	N/A	
Specific Gravity	1.003 - 1.005	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0 - 25 u/L	N/A	N/A	
RBC	0 - 20 u/L	N/A	N/A	
Leukoesterase	Negative	N/A	N/A	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture		N/A	N/A	
Blood Culture		N/A	N/A	
Sputum Culture		N/A	N/A	
Stool Culture		N/A	N/A	
Foot Culture				The wound was found to have Enterobacteriaceae Complex (Susceptible to Cefepime and Levofloxian), E. Coli (Susceptible to Ampicillin and Gentamicin), and Enterococcus Faecalis (Susceptible to Ampicillin and Vancomycin)

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points) & Diagnostic Test Correlation (5 points):

XR Foot 3 Views:

Reason for Order: The client received a toe amputation 2 months ago, diagnostic test provided more insight on how the wounds were healing

Findings:

Soft tissue swelling,
Soft tissue gas on the distal left foot
New Miled, mottled appearance of distal end of left foot

All findings were concern for infection and osteomyelitis

US Duplex Lower Extremity Arteries Bilateral

Reason for Order: To check and measure blood flow of the arteries in the lower extremities

Findings:

On both sides, resting ABI were unreliable due to calcification of the vessel
Distal femoral artery: 50-75% stenosis bilaterally

Diagnostic Test Reference (APA):

Capriotti, T. M. (2020). PATHOPHYSIOLOGY : introductory concepts and clinical perspectives.
F A Davis.

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

Home Medications (5 required)

Brand/Generic	Clindamycin / Cleocin	Gabapentin / Neurotonin	Insulin Aspart / Novolog
Dose	150 mg	12-15 U/mL	12-15 U/mL
Frequency	4x/day	3x/day After Meals	3x/day After Meals
Route	Oral	SubQ	SubQ
Classification	**<u>Pharmacologic:</u>** Lincosamide **<u>Therapeutic:</u>** Antibiotic **<u>Pregnancy:</u>** B	**<u>Pharmacologic:</u>** 1-amino-methyl cyclohexane acetic acid **<u>Therapeutic:</u>** Anticonvulsant **<u>Pregnancy:</u>** C	**<u>Pharmacologic:</u>** Human Insulin **<u>Therapeutic:</u>** Antidiabetic **<u>Pregnancy:</u>** C
Mechanism of Action	Inhibits protein synthesis in susceptible bacteria	Inhibits the rapid firing of neurons associated with seizures Also prevents exaggerated responses to painful stimuli	Stimulates peripheral glucose uptake by fat and skeletal muscle, and by inhibiting hepatic glucose production
Reason Client Taking	Antibiotic	Nerve Pain	Diabetes
Contraindications (2)	Hypersensitivity to Clindamycin Hypersensitivity to Lincomycin	Hypersensitivity to Gabapentin Chronic liver disease	Hypersensitivity to human insulin Episodes of hypoglycemia
Side Effects/Adverse Reactions (2)	CV: Hypertension GI: C. Diff associated diarrhea	RESP: Apnea GI: Hepatitis	ENDO: Diabetic Ketoacidosis CNS: Dizziness
Nursing Considerations (2)	Check I.V. site often for phlebitis Monitor results of CBC, liver enzymes, and platelet counts during prolonged therapy	Give drug at least 2 hours before an antacid Don't exceed 12 hours between doses on a 3x/day schedule	Monitor patients blood glucose levels Monitor for hypersensitivity reactions

Brand/Generic	Furosemide / Lasix	Empagliflozin / Jardinance
Dose	20 mg	10 mg
Frequency	2x/day	1x/day
Route	Oral	Oral
Classification	**Pharmacologic:** Loop Diuretic **Therapeutic:** Antihypertensive, Diuretic **Pregnancy:** C	**Pharmacologic:** Sodium-glucose co-transporter 2 inhibitor **Therapeutic:** Antidiabetic **Pregnancy:** C
Mechanism of Action	Inhibits sodium and water reabsorption in the loop of Henle, and increases urine formation	Inhibits sodium-glucose co-transporter 2 in kidneys, which prevents glucose reabsorption
Reason Client Taking	Diuretic	Antidiabetic
Contraindications (2)	Anuria Hypersensitivity to furosemide	Dialysis End-stage renal disease
Side Effects/Adverse Reactions (2)	CV: Arrhythmias ENDO: Hyperglycemia	CNS: Syncope GU: Acute kidney injury
Nursing Considerations (2)	Patients who are allergic to sulfonamides may also be allergic to furosemide Obtain patient's weight before and periodically throughout treatment to monitor fluid loss	Obtain serum creatinine levels prior to starting medication Monitor patient's blood pressure and cholesterol level throughout therapy

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Hospital Medications (5 required)

Brand/Generic	Amlodipine / Norvasc	Apixaban / Eliquis	Clopidogrel / Plavix
Dose	10 mg	2.5 mg	75 mg
Frequency	1x/day	2x/day	1x/day
Route	Oral	Oral	Oral
Classification	**Pharmacologic:** Calcium Channel Blocker **Therapeutic:** Antianginal, Antihypertensive **Pregnancy:** Not classified	**Pharmacologic:** Factor Xa Inhibitor **Therapeutic:** Anticoagulant **Pregnancy:** B	**Pharmacologic:** P2Y12 Platelet Inhibitor **Therapeutic:** Platelet Aggregation Inhibitor **Pregnancy:** B
Mechanism of Action	Binds to receptor cells on myocardial and vascular smooth muscle cells and inhibits the influx of extracellular calcium ions across slow calcium channels	Inhibits free and clot-bound factor Xa and prothrombinase activity Decreases thrombin generation and thrombus development	Blocks adenosine diphosphate (ADP) receptors, which prevents fibrinogen from attaching to receptors. Without fibrinogen, platelets cant clot and form thrombi
Reason Client Taking	Blood Pressure	Blood Thinner	Blood Thinner
Contraindications (2)	Hypersensitivity to Amlodipine Low blood pressure	Active bleeding Hypersensitivity to Apixaban	Active Bleeding Hypersensitivity to Clopidogrel
Side Effects/Adverse Reactions (2)	CV: Arrhythmias GI: Pancreatitis	CNS: Hemorrhagic stroke Anaphylaxis	CV: Hypotension GI: Noninfectious Hepatitis
Nursing Considerations (2)	Use medication cautiously in patients with heart block/failure, impaired renal/hepatic function, or severe aortic stenosis Assess patient frequently for chest pain when increasing dosage	Apixaban should not be given to patients with severe hepatic dysfunction Be aware that if Apixaban is discontinued prematurely and adequate alternative anticoagulation is not present, the risk of thrombus increases	Avoid giving to patients with genetic variation in CYP2C19 or who are receiving CYP2C19 inhibitors Give aspirin with clopidogrel in patients with acute coronary syndrome

Brand/Generic	Atorvastatin / Lipitor	Carvediol / COREG
Dose	40 mg	12.5 mg
Frequency	1x/day	2x/day With Meal
Route	Oral	Oral
Classification	**Pharmacologic:** HMG-CoA Reductase Inhibitor **Therapeutic:** Antihyperlipidemic **Pregnancy:** Not classified	**Pharmacologic:** Non-selective beta-blocker and alpha-1 blocker **Therapeutic:** Antihypertensive, Heart Failure Treatment **Pregnancy:** C
Mechanism of Action	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver Enhances LDL uptake into the liver	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance
Reason Client Taking	Cholesterol	Regulate HR, Rhythm & BP
Contraindications (2)	Hepatic Disease Breastfeeding	Asthma Cardiogenic Shock
Side Effects/Adverse Reactions (2)	HEME: Thrombocytopenia MS: Rhabdomyolysis	CV: AV Block HEME: Aplastic Anemia
Nursing Considerations (2)	Use cautiously in patients who consume substantial quantities of alcohol or have a history of liver disease Collect liver function tests before starting Atorvastatin	Use cautiously in patients with peripheral vascular disease; may aggravate symptoms If the patient has heart failure, also give digoxin, diuretics, and an ACE Inhibitor

Medications Reference (APA):

2020 Nurse's drug handbook. (19th ed.). (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** A&O x4 **Orientation:** A&O x4 **Distress:** no acute stress **Overall appearance:** well-groomed	
INTEGUMENTARY (2 points): **Skin color:** normal for race **Character:** **Temperature:** warm to touch **Turgor:** normal **Rashes:** none **Bruises:** yes - arms & legs bilaterally **Wounds:** yes - feet bilaterally (toe amputation) **Braden Score:** 21 **Drains present: Y☐ N ☒** **Type:**	Braden Score: Sensory: 4 Moisture: 4 Activity: 3 Mobility: 3 Friction and Shear: 3
HEENT (1 point): **Head/Neck:** symmetrical, no deviation noted **Ears:** pink & moist **Eyes:** PERRLA, no drainage or lesions, sclera white, conjunctiva pink bilaterally **Nose:** septum midline, no deviation **Teeth:** missing some teeth, overall oral mucosa pink and moist	.
CARDIOVASCULAR (2 points): **Heart sounds:** normal, S1 & S2 **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** normal **Peripheral Pulses:** +1 **Capillary refill:** normal, <3 sec **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	.Breath sounds normal, unlabored Chest rises and falls equally, bilaterally No wheezes, rhonchi, or rubs present
GASTROINTESTINAL (2 points):	.

Diet at home: No diet, eats what he wants **Current Diet:** Diabetic **Height:** 5' 11" **Weight:** 176 lbs **Auscultation Bowel sounds:** normoactive **Last BM:** Morning of 1/28 **Palpation: Pain, Mass etc.:** none **Inspection:** **Distention:** none **Incisions:** none **Scars:** none **Drains:** none **Wounds:** none **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** yellow & clear **Character:** no smell or cloudiness **Quantity of urine:** has bathroom privileges **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** clean and well-groomed, without lesions **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** Slightly limited ROM on left shoulder due to it being dislocated **Supportive devices:** none **Strength:** equal on upper and lower extremities, bilaterally **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** 30 **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	.
NEUROLOGICAL (2 points):	.Limited ROM in left shoulder

MAEW: Y ☐ N☒ **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** A&O x4 **Mental Status:** Alert **Speech:** Normal rate, no slurred speech, understandable **Sensory:** No impaired senses **LOC:** None	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** Pt states that he 'ignores the problem' and that he 'rarely gets sad or depressed' **Developmental level:** no developmental delays **Religion & what it means to pt.:** Non-religious **Personal/Family Data (Think about home environment, family structure, and available family support):**	. The patient lives at home with his wife of 32 years, his 2 children, and his mother. States that he 'has a good support system'. He is currently retired and likes to fish and hunt; might change due to toe amputation

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	60 bpm	133/62 Right Upper Arm	17	97.7 Oral	99% Room Air
1100	60 bpm	120/57 Right Upper Arm	17	98.1 Oral	98% Room Air

Pain Assessment, 2 sets (2 points)

No pain was reported

Time	Scale	Location	Severity	Characteristics	Interventions
0700					
1100					

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: PICC Line **Location of IV:** Left Upper Arm **Date on IV:** 01/27/21 **Patency of IV:** Patent **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** dressing was dry and there was no infiltration or phlebitis	1000 ccs Normal Saline Infusion Rate: 25 mL/hr Piperacillin (Antibiotic) 25 mL/hr for 4 hours

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Orange Juice: 240 mL Black Coffee: 720 mL Ice Water: 120 mL	Has bathroom privileges

Nursing Care

Summary of Care (2 points)

Overview of care: Ambulated hallway, fixed client's boot, gave medications, and did a complete physical assessment

Procedures/testing done: No procedures or testing done

Complaints/Issues: Patients foot boot was not to his liking - was fixed and readjusted

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: The patient is currently on a diabetic diet while at the hospital, usually sits in his room on his computer playing Mahjong. Can ambulate independently and has bathroom privileges

Physician notifications: Patient can be discharged when medically stable and cleared by infectious disease also performed a wound and bone debridement

Future plans for the patient: Patient is currently waiting on insurance to cover home health

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): Home infusions (Ertapenem - Antibiotic)

Equipment needs (if applicable): Alcohol swabs, a bag of antibiotic, dressing/tape, sharps container, needles, and syringes

Follow up plan: Patient should follow up with doctor within one week of being discharged

Education needs: Management of diabetes, infection control (wound care instructions), changing to a healthier diet, learning how to ambulate after toe amputation

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.
Risk for infection related to diabetic neuropathy as evidenced by toe amputation 2 months ago	Patient was diagnosed with a diabetic foot infection	**1.** Administer antibiotics to help treat the infection **2.** Educate patient and family about appropriate methods for cleaning and	Client is on antibiotics to help treat foot infection Foot wound was debrided by the provider and education was provided Goals met

		disinfecting	
Impaired mobility related to toe amputation as evidenced by impaired balance	Toes help with balance, and the patient only has one toe left. Has to walk around with a boot at all times	**1.** Create a safe and fall free environment **2.** Help client get adjusted to ambulatory devices	Client was informed that at he must wear a boot in order to ambulate without an assistive device Ambulated hallway with help of rails along the walls Left before being made aware if he was to be fitted for an assistive device Goals partially met
Insufficient knowledge about diabetic diet related to fluctuating blood sugar as evidenced by BS at 1154 was 240 and at 1746 was 46	Patient does not take proper measures to control his diabetes, does not have a good diet at home (eats whatever he wants; i.e. cheeseburgers and steaks)	**1**. Include patient in creating teaching plan, establish goals for learning **2**. Help patient integrate information into daily life	Client was placed on a diabetic diet and received teaching about the importance of maintaining a diet when discharged. Client responds he "will try" to stick with the diet Goals partially met

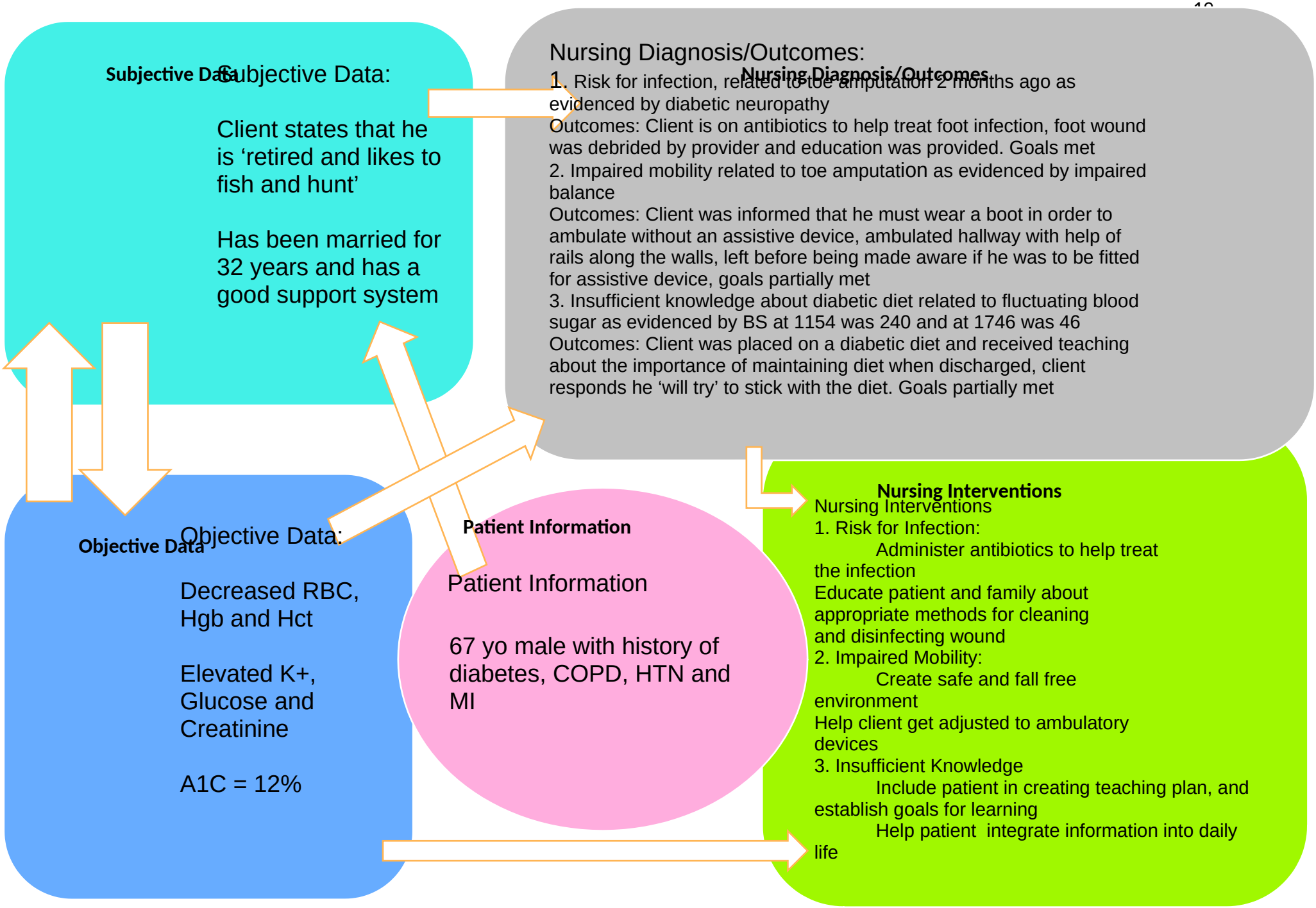
Other References (APA):

Vera, M. B. (2020, September 6). Risk for Infection Nursing Care Plan. Nurseslabs. https://nurseslabs.com/risk-for-infection/

Wayne, G. B. (2019b, March 18). Impaired Physical Mobility Nursing Care Plan. Nurseslabs. https://nurseslabs.com/impaired-physical-mobility/

Wayne, G. B. (2019, March 14). Knowledge Deficit Nursing Care Plan. Nurseslabs. https://nurseslabs.com/deficient-knowledge/

Concept Map (20 Points):


Subjective Data
Subjective Data:
Client states that he is 'retired and likes to fish and hunt'
Has been married for 32 years and has a good support system
Nursing Diagnosis/Outcomes:
1. Risk for infection, related to toe amputation 2 months ago as evidenced by diabetic neuropathy
Outcomes: Client is on antibiotics to help treat foot infection, foot wound was debrided by provider and education was provided. Goals met
2. Impaired mobility related to toe amputation as evidenced by impaired balance
Outcomes: Client was informed that he must wear a boot in order to ambulate without an assistive device, ambulated hallway with help of rails along the walls, left before being made aware if he was to be fitted for assistive device, goals partially met
3. Insufficient knowledge about diabetic diet related to fluctuating blood sugar as evidenced by BS at 1154 was 240 and at 1746 was 46
Outcomes: Client was placed on a diabetic diet and received teaching about the importance of maintaining diet when discharged, client responds he 'will try' to stick with the diet. Goals partially met
Objective Data
Objective Data:
Decreased RBC, Hgb and Hct
Elevated K+, Glucose and Creatinine
A1C = 12%
Patient Information
Patient Information
67 yo male with history of diabetes, COPD, HTN and MI
Nursing Interventions
Nursing Interventions
1. Risk for Infection:
Administer antibiotics to help treat the infection
Educate patient and family about appropriate methods for cleaning and disinfecting wound
2. Impaired Mobility:
Create safe and fall free environment
Help client get adjusted to ambulatory devices
3. Insufficient Knowledge
Include patient in creating teaching plan, and establish goals for learning
Help patient integrate information into daily life