N321 Care Plan 1

Lakeview College of Nursing

Kenny Johnson

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
2-03-2021	JP	57	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Truck Driver	Single	None to note
Code Status	**Height**	**Weight**	
Full Code	6 ft, 0 in	137 lbs	

Medical History (5 Points)

Past Medical History: Hepatic cirrhosis, anxiety, depression, hypokalemia, ascites, renal failure syndrome, GI hemorrhage, anemia.

Past Surgical History: Right eye, right collarbone, right wrist, index finger of right hand.

Family History: No family history reported by the patient.

Social History (tobacco/alcohol/drugs): Smokes half a pack a day for the last 30 years. Hasn't drank in 2 months. Patient self-reports a drink as a mixed drink with liquor. Pt Used to drink 1-2 drinks with dinner. Pt does not use any recreational drugs.

Assistive Devices: None at the moment, Pt will need a walker and wheelchair after his stay in the hospital.

Living Situation: Lives alone in a house in Watseka with no pets or family.

Education Level: High School graduate with 2 trade skills, one of which is truck driving.

Admission Assessment

Chief Complaint (2 points): "Abdominal pain"

History of present Illness (10 points):

Pt reports unbearable abdominal pain started 2 weeks ago. The pain is in all quadrants of the abdomen. The pain is constant and changes between searing pain and sharp pain. Pt states that the pain gets worse during physical activity. Pt also reports feeling very weak and has not found

a form of relief prior to coming to the hospital. Pt says he gets acetaminophen when the pain gets really bad.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Ascites

Secondary Diagnosis (if applicable): Anemia

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

Ascites occurs when there is venous congestion in the liver. This congestion is often caused by liver damage and causes fluid to build up in the peritoneal cavity which creates abdominal distention (Capriotti & Frizzell, 2016).

Signs and symptoms include increased abdominal size, increased weight, abdominal discomfort, and shortness of breath. Crackles in the lungs upon auscultation is another key sign. Labs that would be taken to identify the disease include complete blood count (CBC), basic metabolic panel (BMP), liver enzyme tests, prothrombin time (PT), and international normalized ratio (INR) (Garbuzenko, 2019).

JP came to the hospital with a severely distended abdomen complaining of abdominal pain and shortness of breath. He exhibited all the symptoms of ascites upon assessment before any labs were done. The provider ordered a CBC, BMP, PT, and INR. The results showed a high BUN, Creatinine, Albumin, and bilirubin which is a sign of liver and kidney problems (Garbuzenko, 2019). The provider then ordered an abdominal CT to look at the condition of the liver and kidneys. The result was that the patient had cirrhosis of the liver. Cirrhosis of the liver is a major cause of ascites. JP's history of drinking 1-2 drinks of liquor a night has damaged his liver and led to the occurrence of ascites. The patient was taken down to radiology for an

ultrasound and a paracentesis. A paracentesis is when fluid is removed from the abdomen. 5 L of fluid was drained from JP's abdomen. Treatment also includes low sodium diet and diuretic use.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company

Garbuzenko, D. V. (2019). *Current approaches to the management of patients with cirrhotic ascites*. Retrieved February 07, 2021, from https://pubmed.ncbi.nlm.nih.gov/31391769/

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	**4.0-4.9**		**2.52**	**Values are consistent with GI hemorrhage (Capriotti & Frizzell, 2016)**
Hgb	**12-16**		**7.9**	**Values are consistent with GI hemorrhage (Capriotti & Frizzell, 2016)**
Hct	**37-47 %**		**24.2**	**Values are consistent with GI hemorrhage (Capriotti & Frizzell, 2016)**
Platelets	**150-400**		**211**	
WBC	**4.1-10.9**		**6.7**	
Neutrophils	**1.50-7.70**		**3.8**	
Lymphocytes	**1.00-4.90**		**1.73**	
Monocytes	**0-0.9**		**0.87**	
Eosinophils	**0-0.5**		**0.24**	
Bands	**0-2**		**.04**	

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		135	
K+	3.5-5.5		3.6	
Cl-	95-110		108	
CO2	23-31		19	Consistent with renal failure syndrome (Capriotti & Frizzell).
Glucose	70-110		90	
BUN	5-20		34	Consistent with renal failure syndrome and bleeding in the GI tract (Capriotti & Frizzell).
Creatinine	0.50-1.50		2.66	Consistent with renal failure syndrome (Capriotti & Frizzell).
Albumin	3.5-5.0		2.0	Consistent with hypokalemia and cirrhosis of the liver (Capriotti & Frizzell).
Calcium	8.4-10.3		8.1	Consistent with kidney failure (Capriotti & Frizzell).
Mag	1.6-2.6	No lab value noted	No lab value noted	
Phosphate	2.8-4.5		5.0	Consistent with chronic kidney diseases (Capriotti & Frizzell).
Bilirubin	0.2-1.2		2.0	Consistent with cirrhosis of the liver (Capriotti & Frizzell).
Alk Phos	20-140		84	
AST	16-40		30	
ALT	7-52		15	
Amylase	N/A	No lab value noted	No lab value noted	

Lipase	**N/A**	**No lab value noted**	**No lab value noted**	
Lactic Acid	**0.5-1**		**0.86**	

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**		**1.28**	**Consistent with increased risk of bleeding and GI hemorrhage. (Capriotti & Frizzell)**
PT	**11-12.5 seconds**		**16.6**	**Consistent with bleeding such as GI hemorrhage. (Capriotti & Frizzell)**
PTT	**N/A**	**N/A**	**No lab value noted**	
D-Dimer	**N/A**	**N/A**	**No lab value noted**	
BNP	**N/A**	**N/A**	**No lab value noted**	
HDL	**N/A**	**N/A**	**No lab value noted**	
LDL	**N/A**	**N/A**	**No lab value noted**	
Cholesterol	**N/A**	**N/A**	**No lab value noted**	
Triglycerides	**N/A**	**N/A**	**No lab value noted**	
Hgb A1c	**N/A**	**N/A**	**No lab value noted**	
TSH	**N/A**	**N/A**	**No lab value noted**	

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		No urinalysis on file	
pH	5.0-7.0		N/A	
Specific Gravity	1.003-1.005		N/A	
Glucose	Negative		N/A	
Protein	Negative		N/A	
Ketones	Negative		N/A	
WBC	0-25		N/A	
RBC	0-20		N/A	
Leukoesterase	Negative		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	No Culture in file.	
Blood Culture	N/A	N/A	No Culture in file.	
Sputum Culture	N/A	N/A	No Culture in file.	
Stool Culture	N/A	N/A	No Culture in	

			file.	

Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT scan of abdomen and pelvis without contrast. Chest portable CT. Ultrasound with paracentesis.

Diagnostic Test Correlation (5 points):

The CT scan of the abdomen and pelvis was ordered to take a look at Pt's organs and what can be causing the ascites. Results show cirrhosis of the liver, renal failure, and an unspecified colitis of the bowel. The portable chest CT was ordered to look at the Pt's lungs and assess how the ascites is affecting them. Results show the ascites is building up and the lower lobes of the lungs fluid in them (evidenced by fine crackles on assessment). The last test was part test and part procedure. Paracentesis via ultrasound in radiology was ordered to take 5 L of the fluid out of the patient's abdomen. An ultrasound was used to find the spot with the most fluid. Radiologist stated "We will only take 5 L out and maybe do another 2 tomorrow. If we take out more than 5 L, his blood pressure could tank". According to Capriotti & Frizzell (2016), taking too much fluid from the body can cause hypotension since there is a major fluid volume change.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

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

Home Medications (5 required) Patient does not take any home medications

Brand/Generic	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Nursing Considerations (2)					

Hospital Medications (5 required)

Brand/Generic	Flublok (PF) Quad Split	0.9% Saline (NS)	Ondansetron Hydrochloride (PF)	Oxygen (O2)	Pneumovax 23
Dose	0.5 mL	1000 mL	4 mg	2 L	0.5 mL
Frequency	One shot	125 mL/hr	Q6H PRN	Continuous	One shot
Route	IM	IV	IVP	Nasal Cannula	IM
Classification	Influenza vaccine	Crystalloid Fluid	Antiemetic	Medical Gas	Pneumococcal vaccine
Mechanism of Action	Immunization against disease caused by influenza A virus.	Rehydrates cells and balances fluid levels.	Blocks serotonin receptors centrally which prevents serotonin release in the small intestine that leads to nausea and vomiting.	Acts as a vasopressor. Oxygen is inhaled and taken into the alveoli of the lungs, increasing lung perfusion.	Polysaccharides from 23 different types of streptococcus pneumonia bacteria are injected into the body and our body recognizes them as foreign. The body then produces antibodies to destroy the chemicals.
Reason Client Taking	Reduce the likelihood of getting the flu.	Treatment of hypokalemia.	Prevent nausea and vomiting	Increase O2 sats so the client does not feel short of breath	Preventative of infection since pt has liver and kidney problems.
Contraindications (2)	Severe allergic hypersensitivity to any of the ingredients. Guillain Barre Syndrome	None known	Congenital long QT syndrome and accompanied use of apomorphine.	Surgery of the face or nose, and untreated pneumothorax	Moderate or acute illness and past hypersensitivity to the vaccine.

Side Effects/Adverse Reactions (2)	Pain at injection site and arm pain	Extravasation, hypervolemia, and phlebitis.	Hypotension and intestinal obstruction	Skin irritation around cannula. Nose bleeds.	Injection site reaction, fever, chills, and stiffness of arm or leg where vaccine was administered.
Nursing Considerations (2)	Educate that the patient can take Tylenol after getting the shot for pain. Do not freeze and discard if product has been frozen.	Can lead to overload. Use caution in patients with heart failure	Monitor for anaphylaxis and bronchospasm from possible allergic reaction. Know that if hypokalemia is present, electrolyte imbalances must be back to normal before starting ondansetron.	Lube where the cannula goes around the ears so the auricle doesn't get inflamed. Test flow rate of cannula on your wrist by before putting over pt's nose.	Comes in a vial or prefilled syringe. This vaccine doesn't replace the need for penicillin prophylaxis again pneumococcal infection.

Medications Reference (1) (APA):

2020 nurse's Drug Handbook. (2020). Burlington, MA: Jones & Bartlett Learning.

Pdr search. (2021). Retrieved February 08, 2021, from https://www.pdr.net/drug-summary/Flublok-influenza-vaccine-3381

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** AOx4 **Orientation:** AOx4 **Distress:** No acute distress to note **Overall appearance:** Disheveled	
INTEGUMENTARY (2 points): **Skin color:** slightly jaundiced **Character:** Normal **Temperature:** Normal **Turgor:** slight tenting, fair **Rashes:** None to note **Bruises:** right and left arms, left hand on knuckle area **Wounds:** None **Braden Score:** 16 **Drains present: Y☐ N ☒** **Type:**	
HEENT (1 point): **Head/Neck:** Normal **Ears:** clear bilaterally with no exudate or auricle rashes **Eyes:** exudate present bilaterally **Nose:** dry and greyish color **Teeth:** Only has front 8 teeth	.

CARDIOVASCULAR (2 points): **Heart sounds:** Normal Heart sounds S1 and S2 with no murmurs or rubs to note **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** normal sinus rhythm Peripheral Pulses: +2 bilaterally at carotid, brachial, radial, popliteal, dorsalis pedis, and posterior tibial **Capillary** refill: less than 3 seconds **Neck Vein Distention: Y ☒ N ☐** **Edema Y ☐ N ☒** **Location of Edema:**	.
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	Fine crackles were heard at the LLQ and RLQ.
GASTROINTESTINAL (2 points): **Diet at home:** lots of fast food since he is often on the road **Current Diet:** Clear Liquids **Height:** 6 ft, 0 in **Weight:** 137 lbs **Auscultation Bowel sounds:** Bowel sounds absent **Last BM:** This morning 2/4/21 **Palpation: Pain, Mass etc.:** Severe pain upon light palpation. Inspection: **Distention:** Heavily distended due to ascites. LUQ more distended than other quadrants. **Incisions:** RLQ related to paracentesis **Scars:** None **Drains:** None **Wounds:** RLQ incision **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size: n/a** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: n/a**	LUQ more distended than other quadrants. No rebound tenderness or CVA pain.
GENITOURINARY (2 Points): **Color:** clear yellow **Character:** Normal	

Quantity of urine: Medium amount **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Normal with not rashes, lesions, or bruising. **Catheter: Y ☐ N ☒** **Type: N/A** **Size: N/A**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** Impaired **Supportive devices:** Walker to the bathroom and wheelchair to radiology. **Strength: 2-5** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 70 **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Needs assistance with equipment Needs support to stand and walk
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** AOx4 **Mental Status:** Normal **Speech:** slow and labored **Sensory:** normal **LOC:** slight stupor after activity	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** drinking **Developmental level:** High school grad and two trade certificates. **Religion & what it means to pt.:** Does not care for religion **Personal/Family Data (Think about home environment, family structure, and available family support):** Home care may be a need for pt since he does not live with family or any roommates.	.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	92	90/64	18	97.8	94% w/ 2 L O2
0900	93	96/70	20	97.6	93% w/ 2 L O2

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	0-10	Lower left quadrant	5	Searing continuous pain	500 mg Acetaminophen Q6H PRN
0900	0-10	All quadrants of abdomen	7	Searing continuous pain	500 mg Acetaminophen Q6H PRN

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 **Location of IV:** Left Antecubital **Date on IV:** 2-03-21 **Patency of IV:** Confirmed blood return, flushes easily **Signs of erythema, drainage, etc.:** None **IV dressing assessment:** clean, dry, and intact	0.9% saline (NS) 125 mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1732 mL	300 mL

Nursing Care

Summary of Care (2 points)

Overview of care: Patient came to the hospital with abdominal pain rated at 8 out of 10 and a distended abdomen.

Procedures/testing done: CTs of abdomen and chest. Ultrasound and paracentesis. CBC, BMP, PT, INR.

Complaints/Issues: Abdominal pain and weakness

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Uses a walker to ambulate to the door. Eats clear liquids such as apple juice and chicken broth.

Physician notifications: Ascites and cirrhosis of the liver from years of alcohol use.

Future plans for patient: Outpatient physical therapy and draining of the abdomen.

Discharge Planning (2 points)

Discharge location: IMH Watseka

Home health needs (if applicable): In home nurse to help ambulate and keep a schedule.

Equipment needs (if applicable): Walker, Wheelchair, and oxygen tank with cannula.

Follow up plan: Low sodium diet, possible diuretic.

Education needs:

How to safely use oxygen, care instructions for anxiety, care instructions for depression, Ascites follow up instructions, anemia care instructions, and diet instructions.

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. Excess fluid volume related to ascites as evidenced by distended abdomen, shortness of breath, and crackles in the lower lobes of the lungs.	Pt's abdomen is very distended, he has JVD, he is experiencing abdominal discomfort and shortness of breath.	1. Measure I/O and weigh daily. 2. Assist in Paracentesis	Pt doesn't like getting up to weigh, but grumbles and does it anyway. Pt hates having incisions made in him, but wants to be rid of all the fluid that has accumulated in his abdomen.
2. Risk for falls related to anemia evidenced by low Hbt and Hct, weakness in the extremities, and use of a walker or need of assistance to get to the toilet.	Patient has a fall score of 70 and has a fall risk bracelet on.	1. Educate pt on proper use of a walker 2.Monitor Hbt and Hct	Pt is able to demonstrate back how to properly use a walker. Pt understands that because he is anemic, falls can be much worse for him than others due to increased risk of bleeding.
3. Ineffective breathing pattern related to ascites as evidenced	Patient states he is short of breath, he has 2 L of oxygen that is continuous, and exhibits fine crackles in the	1.Continue to monitor breath sounds by auscultation. 2.Provide supplemental O2	Pt understands letting me auscultate his lungs is important so that we can monitor the fluid level in them.

by fine crackles in the lungs, shortness of breath, and a prescription for 2 L of continuous oxygen with O2 sat at 93-94%	lungs upon auscultation.		Pt says he feels better with 2 L of oxygen via nasal cannula

Other References (APA):

Vera, M. (2020, December 05). 8 liver Cirrhosis (HEPATIC Cirrhosis) nursing care plans. Retrieved February 07, 2021, from https://nurseslabs.com/8-liver-cirrhosis-nursing-care-plans/

Concept Map (20 Points):

Subjective Data

Pt reports shortness of breath.
Pt reports 7 out of 10 abdominal pain.
Pt states that he feels weak.
Pt claims he used to drink a lot but hasn't had a drink for the last 2 months.
Pt lives with no roommates or family.

Nursing Diagnosis/Outcomes

Excess fluid volume Measure I/O and assist in paracentesis.

Risk for falls Pt is able to demonstrate how to properly use a walker and can restate why falls are harder on his body while anemic.

Ineffective breathing Pattern Pt O2 saturation above 90% with supplemental oxygen.

Objective Data

Fine crackles in lower lobes of lungs
Slight jaundice
Pulse: 92
BP: 90/64
RR: 18
Temp: 97.8
O2 sat: 94% w/ 2 L supplemental oxygen

Patient Information

JP
57
Used to drink 1-2 liquor drink a night
Hepatic Cirrhosis
Ascites
Anemia (Hbt and Hct low)

Nursing Interventions

Measure I/O and weigh daily

Assist in paracentesis

Educate pt on proper use of a walker

Monitor Hbt and Hct

Continue to monitor breath sounds by auscultation

Provide supplemental O2