N321 Care Plan 1

Lakeview College of Nurse

ADELE MOANDA

Demographics (3 points)

Date of Admission 02/03/2021	Patient Initials CIG	Age 74	Gender F
Race/Ethnicity Write/Caucasian	Occupation Unemployed	Marital Status widow	Allergies Codeine sulfate, Dicyclomine, metformin Hcl
Code Status DNR	Height 5'3"	Weight 253 lb.	

Medical History (5 Points)

Past Medical History

- **Dyslipidemia**
- **Hypertensions**
- **Obstructive sleep apnea (OSA)**
- **COPD**
- **Type 2 diabetes**

Past Surgical History:

- **Colostomy, date not noted.**
- **Tonsillectomy, date not noted.**
- **Cataract removal with implant Left eye, 1/22/2019.**
- **Cataract removal with implant Right eye, 02/05/2019.**

Family History

Mother and father passed, they both had hypertensions; Mother was diabetic. Father died from stoke. One brother and One sister have type 2 diabetes.

Social History (tobacco/alcohol/drugs): Patient states that she does not use tobacco, alcohol, or drugs. The last time does she used tobacco product was at 1990.

Assistive Devices: CPAP for OSA

Living Situation: Family Single House, owner.

Education Level: Associate in Psychology

Admission Assessment

Chief Complaint (2 points):

- **Strong pain from wound on Left lower leg.**

History of present Illness (10 points):.

Patient leaves by herself. He was doing her dishes while she wants to open the dish washer machine to put the dishes out. She hurt her Left lower leg and have a small skin tear. She tried to take care of the wound by herself at home. But the treatment did not work. She had a lot of pain, that she rated at 9/10 on administration day. S, she decided to go see the primary care. This one prescribes Doxycycline 100 mg, 1 tab. daily P.O. But the medication did not resolve her issue, she pain did not go away for a week. Finally, she decided to come to the ER. The provide that she met in ER decided that she can be admitted so she can receive an antibiotic intravenous treatment because the P.O. did not work. She is here for antibiotic IV treatment only.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.

- **Cellulitis on Left lower leg**

Secondary Diagnosis (if applicable):. **None**

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

Cellulitis is simply defined as an acute infection of the skin involving the dermis and subcutaneous tissues caused by Gram-positive cocci such as Streptococcus and

Staphylococcus aureus Sullivan, T., & de Barra, E. (2018). The entry point through normal skin who is a port of entry, allows bacteria to enter and release their toxins in the subcutaneous tissue. The clinical manifestations are acute swelling, localized redness, warmth, and pain that is frequently associated with systemic signs of fever, chills, and sweating (Hinkle, J. L., et al., 2018, p. 881). Pain is the raison that bring the patient in the hospital because she was not able to do any of her activity of daily living and even not able walk due to pain. She rated her pain 10 on scale of 0 to 10.

During physical assessment, when gathering information about the patient CG. She attested that she has type 2 diabetes since the age of 48. Excess blood sugar in the body decreases the blood vessels elasticity and become small. The decrease in the size cannot allow a blood to flow normally, reduce blood flow will decrease oxygen supply causing damage to the vessels. A decreased perfusion of the skin, often associated with conditions such as thalassemia, sickle cell disease, diabetes mellitus, and chronic vascular disease, is the most common etiology of cutaneous ulcers and chronic wounds (Seria, E., et all., 2021).

Mrs. CG was in oral antibiotic treatment, but this did not work due to hyperglycemia that caused low blood perfusion in her Left leg. Hyperglycemias reduce the immunity system and decrease the ability that the body can have to fighter with the inflammation and heal the wound. The patient's wound easily can be infected. The physician admitted her so she can get the faster antibiotic treatment by IV. On clinical day, Mrs. CG says that she is having an acute shooting pain that is not allowed her to walk to the bathroom and to sleep at night.

Cellulitis can be caused by staphylococcus aureus and Streptococcus. This can reveal some signs of inflammation such as pain, redness, warm, swelling, and lack of mobility. Mrs.

CG shows all those signs of infection. So, as a nurse we need to prioritize her need by helping her with pain medication and checking the vital signs every 4 hrs. because pain can increase the blood pressure. She is a hypertensive patient. Also giving a hypertension medication as prescribe and on time will help the patient.

Pathophysiology References (2) (APA):

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

Seria, E., Samut Tagliaferro, S., Cutajar, D., Galdies, R., & Felice, A. (2021). Immunoglobulin G in Platelet-Derived Wound Healing Factors. *BioMed Research International*, 1-16.

Sullivan, T., & de Barra, E. (2018). Diagnosis and management of cellulitis. *Clinical Medicine (London, England)*, 18(2, 160-163). https://ezproxy.lakeviewcol.edu:2097//10.7861/clinmedicine.18-2-160

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41	4.38	4.05	
Hgb	11.3-15.2	13.2	12.3	
Hct	33.2-45.3%	39.9	36.6	
Platelets	149-493 K	291	257	
WBC	4-11.7 K	8.60	6.00	
Neutrophils	45.3-79	71.0	59.1	
Lymphocytes	11.8-45.9	18	25.6	
Monocytes	4.4-12.0	6.7	9.2	

Eosinophils	**0.0-6.3**	**2.9**	**4.6**	
Bands	**N/A**	**N/A**	**N/A**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**141**	**143**	
K+	**3.5-5.1**	**3.7**	**3.9**	
Cl-	**98-107**	**102**	**105**	
CO2	**22-29**	**27**	**28**	
Glucose	**70-99**	**85**	**118**	**DM is a metabolic disorder characterized by high levels of blood glucose or hyperglycemia. (Rachdaoui, N. 2020).**
BUN	**7-25**	**18**	**17**	
Creatinine	**0.5-1.20**	**0.61**	**0.61**	
Albumin	**3.5-5.7**	**4.1**	**N/A**	
Calcium	**8.6-10.4**	**9.7**	**8.7**	
Mag	**1.6-2.4**	**1.8**	**N/A**	
Phosphate	**3.4-4.5**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2**	**N/A**	**N/A**	
Alk Phos	**35-105**	**N/A**	**N/A**	
AST	**5-40**	**24**	**N/A**	

ALT	**7-56**	**37**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**60-160**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.0**	**1.6**	**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	**11.9-15**	**N/A**	**N/A**	
PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**<0.50**	**N/A**	**N/A**	
BNP	**2.5-7.1**	**N/A**	**N/A**	
HDL	**<50**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**125-200**	**N/A**	**N/A**	
Triglycerides	**<150**	**N/A**	**N/A**	
Hgb A1c	**<5.7**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**1.9**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow, clear**	**Clear**	**Clear**	

pH	**5.0-8.0**	**7.0**	**N/A**	
Specific Gravity	**1,003-1034**	**1.012**	**N/A**	
Glucose	**0.-0.8**	**Neg**	**N/A**	
Protein	**Negative**	**Neg**	**N/A**	
Ketones	**Negative**	**Neg**	**N/A**	
WBC	**<5**	**Neg**	**N/A**	
RBC	**0-3**	**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	**Negative**	**N/A**	**N/A**	
Blood Culture	**Negative**	**Negative**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (APA):

Rachdaoui, N. (2020). Insulin: The Friend and the Foe in the Development of Type 2 Diabetes Mellitus. ***International Journal of Molecular Sciences, 21*****(5). https://ezproxy.lakeviewcol.edu:2097/10.3390/ijms21051770**

Diagnostic Imaging

All Other Diagnostic Tests (5 points)

At 9/11/2020, patient present in ER with complain of SOB for 4 hours. The physician has ordered:

- **CT head or Brain to roll out any heart abnormalities. The result shows a mild age-related value loss. Mild vascular calcification. No evidence of stroke. No significant white matter disease. No edema. No hemorrhage.**
- **XR Chest single for SOB to help in the diagnostic of sleep apnea. The result shows a heart size is normal. The lungs reveal no infiltration. The costophrenic angles are unremarkable. Chronic deformity of the Left 4th. rib is seen.**

Diagnostic Test Correlation (5 points): 02/03/2021

- **Patient complains of acute shotting pain on her Left lower leg that it is not allow her to walk properly. She also complains of non-healing wound on the left lower leg that it is not heal with oral antibiotic. The physician orders XR TIBIA and FIBULA Left to check to any fracture of low extremities bones (Hinkle, J. L., et al., 2018, p. 1211). The result shows no acute osseous abnormality is seen in the tibia or fibula. No subcutaneous emphysema. An enthesophyte is present at the insertion of the Achilles' tendon on the calcareous.**

Diagnostic Test Reference (APA):

Hinkle, J. L., 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	**Acetaminophen Tylenol** (Skidmore-Roth, L., 2018, p. 6-8).	**Atenolol/ Tenormin** (Skidmore-Roth, L., 2018, p. 84-86).	**Tiotropium/ Spiriva** (Skidmore-Roth, L. 2018, p. 989-990).	**Trazodone/ Olepro** (Skidmore-Roth, L., 2018, p. 1012-1014).	**Insulin Lispro/ Humalog** (Skidmore-Roth, L., 2018, p. 534-537).
Dose	**650 mg** **2 tabs.**	**25 mg** **1 tab**	**2.5 mg/puff** **2 puff**	**50 mg** **1 tab.**	**100 unit/mL 12 unit**
Frequency	**Every 4 hr. PRN**	**Daily**	**Daily**	**Daily at night**	**b.i.d**
Route	**P.O**	**P. O**	**Inhaler**	**P. O**	**Sub cutaneous**
Classification	**Analgesic**	**B-Blocker**	**Broncho dilatator**	**Anti depressant**	**Anti diabetic**
Mechanism of Action	**May block pain impulse peripherally that occur in response to inhibition of prostaglandin.**	**Slows conduction of AV node, decreases heart rate.**	**Inhibits interaction of acetylcholine at receptor sites on the bronchial smooth muscle.**	**Selectively inhibits serotonin, norepinephrine uptake by brain, potentiates behavioral changes.**	**Decrease blood glucose into cells and the conversion of glucose to glycogen.**
Reason Client Taking	**Mild to severe pain.**	**Helps with hypertension.**	**Open the airway obstruction related to Asthma and COPD.**	**To help with sleep because patient has sleep apnea that not allow her sleep good at night.**	**Type 2 diabetes mellitus**
Contraindications (2)	**Anemia Renal/ hepatic disease.**	**Sinus brady cardia and A-fib.**	**Prostatic hypertrophy. Glaucoma**	**Elective surgery Recovery phase of MI.**	**Hypersensitivity to protamine, creosol**

Side Effects/Adverse Reactions (2)	**GI bleeding Vomiting**	**Brady cardia Hallucinations**	**Angioedema Blurred vision**	**Dizziness Tremors**	**Flushing Rash**
Nursing Considerations (2)	**1.Monitor liver function: AST and ALT. 2.Chect I&O, a decreased may indicated renal failure.**	**Monitor B/P Assess for edema daily and monitor I&O, daily weight, assess for crackles. Those may indicate fluid retention.**	**1.Assess for dyspnea. 2.Advise patient to avoid getting the powder in the eye to prevent blurred vision.**	**1.Monitor B/P, monitor liver function tests: AST and ALT. 2.Monitor urinary retention and constipation.**	**1.Assess fasting glucose and Hgh. A1c 2.Advise patient to always keep insulin equipment available.**

Hospital Medications (5 required)

Brand/Generic	**Budesonide / Symbicort** (Skidmore-Roth, L., 2018, p. 132-134).	**Lisinopril/ Prinivil, Zestril** (Skidmore-Roth, L., 2018, p. 598-600).	**Enoxaparin/ Love NOx** (Skidmore-Roth, L., 2018, p. 352-354).	**Furosemide/ Lasix** (Skidmore-Roth, L., 2018, p. 455-457).	**Piperacillin/ Tazocin in Sodium chloride 0.9% 100 mL IVPB** (Skidmore-Roth, L., 2018, p. 800-802).
Dose	**160 mcg 4.5 mcg**	**20 mg 20 mg**	**40 mg 40 mg**	**40 mg 40 mg**	**45 mg 200 mL/hr.**

Frequency	**2 puff b.i.d**	**Daily**	**Every 12 hr.**	**Every 8 hrs.**	**Once a day**
Route	**Inhaler**	**P. O.**	**subcutaneous**	**IV**	**IV**
Classification	**Gluco-Corticoid**	**Anti Hypertensive**	**Anticoagulant**	**Loop Diuretic**	**Broad-spectrum anti-infective.**
Mechanism of Action	**Prevent inflammation by depression of migration of fibroblast. Increase capillary permeability.**	**Selectivity suppresses renin-angiotensin-aldosterone system**	**Binds to antithrombin III in higher ratio of anti-factor Xa to anti-factor IIa.**	**Inhibits reabsorption of electrolyte sodium and chloride, causing excretion of sodium.**	**Interferes with cell wall replication of susceptible organism.**
Reason Client Taking	**To help with SOB due to asthma and COPD.**	**To control high blood pressure**	**To prevent blood clot formation a because the patient is in bed, lack of mobility**	**Patient has edema on left lower leg, this medication will help her to decrease fluid retention.**	**To treat wound infection on left lower leg.**
Contraindications (2)	**Acute broncho-spasm Hyper-sensitivity.**	**Angioedema and hyper-sensitivity.**	**Leukemia with bleeding, Hemophilia**	**Anuria Hypo-volemia**	**Hypersensitivity to penicillin and Carbapenem allergy.**
Side Effects/Adverse Reactions (2)	**Myalgia, nose bleeding Dizziness**	**GI irritation Vertigo, dry mouth.**	**Hemorrhage Ecchymosis**	**Hypo-kalemia, headache**	**Seizures vomiting**
Nursing Considerations (2)	**1.Teach patient to wear emergency ID**	**1.Assess blood studies: WBC, platelets.**	**1.Assess the patient for bleeding gums, petechiae,**	**1.Assess patient for tinnitus and hearing**	**1.Monitor I/O 2.Monitor patient for bleeding: ecchymosis,**

	identifying steroid. 2.Assess for respiratory status: rate, rhythm, wheezing, and oral candidiasis.	**2.Monitor B/P, check for orthostatic hypotension.**	**and blood in stool. 2.Monitor blood study (Hct, CBC, coagulation studies).**	**loss. 2.Assess for lethargy and confusion. 3./Monitor electrolytes : K, Cl-, Na, Mg, and BUN**	**bleeding gums, hematuria.**

Medications Reference (APA):

Skidmore-Roth, L. (2018). *Mosby's drug guide for nursing students*. St. Louis, MO: Elsevier.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and orient X3, she is showing no sign of distress or fatigue, no fever. She shows facial expression of pain by grimacing.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Patient skin appears clean. She has a shower this morning. No rashes expect non-healing wound in Left low leg. Skin is moist and pink with normal elasticity, warm in touch, and normal texture. Skin turgor is normal. No bruises, redness around the wound on left low leg without drainage. Patient has brown hair. Capillary refill < 2 sec.** **Braden Score = 17 (Mild risk)**

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is in midline no deviation. No trachea deviation. No lymph node palpable, thyroid is not palpable. Carotid pulse is regular. No drainage from eye bilaterally, Auricle pink without lesion. Patient uses glasses for lecture. PEERLA present. No drainage from eye bilaterally. Septum is Medline. Oral mucosa is pink and moist. No lesion noted in the mouth. Teethes are slightly white. Patient lost 2 teethes due to cavity.**
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: Left low leg due to wound.**	**Heart sounds are normal, regular rhythm, S1 and S2 are present, normal, and regular. No gallop or murmur. No carotid bruit noted. Radial pulse is regular and strong bilaterally 2+, pedal is strong is right leg 2+ but decrease strength or faint in left low leg 1+ due to poor circulation caused by the non-healing wound. Patient is taking Lasix 40 mg IV to help to edema.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Patient is breathing normally at room temperature. No accessory muscle is using now. Patient denied SOB, but she has a treatment of Symbicort inhaler 2 puff, b.i.d. CPAP used at nighttime to help with sleep apnea.** **Anterior and posterior lung sound are auscultating for a full minute in 6 places in chest and 6 in the back of chest. Sounds are clear, no wheezing, no crackles are head in the lung bilaterally. Patient does not have a cough.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 5'3"** **Weight: 235 lb.** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:**	**Patient claimed that she eats regular food at home. But she tried to control her diet by eliminate salt and eating less sugar. This helps her to control her blood sugar and B/P.** **In the hospital, patient is regular diet without any restriction.** **Patient has BM this morning at 9:25 am. Abdomen is round. On palpation, abdomen is soft, no pain, no tenderness, no distention. There is scar from cholecystectomy. No drainage, no wound observed in the abdomen. No ostomy, no nasogastric, no feeding tubes noted. Patient says that she neve have a problem going to the bathroom, her BM**

Ostomy: Y ☐ N ☐ **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**frequency is regular.**
GENITOURINARY (2 Points): **Color: clear yellow** **Character:** **Quantity of urine: 700 mL** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type: N/A** **Size: N/A**	**Patient can ambulate and use the bed commode in the side of the bed X2. Urine looks clear yellow. No catheter in place. No evidence of Urine infection, no odor. Patient does not complain to any pain during urination, no urge, and she is content. No sign of genital infection, no dialysis. Urine output = 700 mL.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score: 15** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is oriented to own ability; she can go use the bathroom or bed commode without assistance. We help her to walk in the hallway 1 person assistance by standing. The upper member is strong 4/4 bilaterally, right low leg is strong 4/4, left leg strength is limited to pain 2/4. No support devices used. Low risk of fall. She does not need any assistance when using equipment. She needs stand by assistance when taking a shower.**
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 appears alert and orientee X3. MAEW is normal compared to her age. PERLA is present, she reacts in light and accommodation. Arm strength equally bilaterally, but Right leg is more strength than left leg due to pain in the left leg. She speaks English well. Patient shows no sign of neurological deficit. She is showing small agitation and restless due to acute pain in left low leg with less sensibility. Sensitivity is present on Right low leg.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**Patient is Christian, she trusts Jesus as son of God. She lives by herself in the family house. Patient says that some time she gets help from her daughter and grand children who lives in town. Patient has associate degree in psychology, she is retired and widow. She gets**

environment, family structure, and available family support):	**social security that supports her for living.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:30 am	**76**	**Left Arm** **132/78**	**18**	**97.6**	**98%**
11:30 am	**73**	**Right arm** **118/70**	**18**	**97.2**	**98%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00 am	**8/10**	**Left Low Leg. (LLL)**	**severe**	**Sharping pain**	**Tylenol 650 mg P.O has been giving to control pain.**
11:30 am	**4/10**	**Left Low Leg**	**moderate**	**Sharping pain**	**Patient states that she now able to tolerate the pain. No medication has been given; patient refused pain medication at this time.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge **Location of IV: Right median cubital vein** **Date on IV: 02/03/2021** **Patency of IV: Good infusion flow** **Signs of erythema, drainage, etc.: none** **IV dressing assessment: yes**	**Piperacillin 45 mg, 200 mL/h IV in sodium chlorite 0.9 % 100 mL IVPB.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
920	**700**

Nursing Care

Summary of Care (2 points)

Overview of care:

74 y/o female patient; this morning, she is showing no sign of distress. She has complained of acute pain on her left lower leg that she rates 8/10 due to wound. Acetaminophen 650 mg has been giving. After 2 hr. Patient rates her pain 4/10. She is a diabetic patient; she is having insulin Humalog 100 unit/mL daily to control her blood sugar. Blood glucose 118 this morning. All vital signs are stable, except pain. The patient did not move the unit today. We notify the provider for abnormal value of eosinophils. She is getting antibiotic IV once a day. She is regular diet and eats breakfast, 100 % this morning. Patient tolerated walking in the hallway for 5 minutes today without any complain. No expected discharge at this point because the patient needs to finish her antibiotic IV treatment. For future education, patient needs to control her blood sugar and take insulin and other medication as prescribe because elevated blood glucose reduced blood perfusion. Patient will be able to verbalize the importance of physical activity or exercise and low-fat diet to help with her obesity.

Procedures/testing done:

- **XR tibia and Fibula left. This showing no acute osseous abnormality.**

- **Bed side Glucose 118, RBC 4.05, Hgb 12.3, Hct 36.6, platelets 257, WBC 6.00, neutrophils 59.1, lymphocytes 25.6, monocytes 9.2, eosinophils 4.6, Sodium 143, Potassium 3.9, Cl- 105, CO2 28, BUN 17, creatinine 0.61, Calcium 8.7. Most lab values are normal, except Glucose and eosinophils.**

Complaints/Issues: Pain on Left low leg

Vital signs (stable/unstable): It was higher at 8 am (132/78), after lisinopril 40 mg daily, P.O; patient's B/P decrease to 118/70. Other vital signs are stable, except B/P and pain are controlling by medication.

Tolerating diet, activity, etc.: Regular diet, Patient tolerated activity after the pain went down to 4/10. We walk with her in the hallway 30 feet.

Physician notifications: Dr. Pana, Umar MD

Future plan for patient: The patient will need to fallow up with her primary physician and keep taking her medication and get insulin injection as prescribed by the physician. She needs to have safe environment by limiting any future injury.

Discharge Planning (2 points): Nothing right now, patient came yesterday. She needs to finish her IV antibiotic treatment before she can be discharged.

Discharge location: single family house, she is an owner.

Home health needs (if applicable): none

Equipment needs (if applicable): CPAP to help with sleep apnea.

Follow up plan: The patient needs to fallow up with the primary doctor.

Education needs: Educated patient to eat high-protein foods, fruits, vegetables, dairy, and grains. This will help for wound-healing process. Take vitamin C and B12 to help with capillary formation and red blood cells development. She also needs to control her blood

glucose level every day, take insulin, other medication regularly as prescribed, and keep using CPAP every night. Do Exercise will also help for wound healing and sleep apnea.

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. Acute Pain **(Vera, M. 2019)**	**Related to left low leg wound as evidence patient rates her pain 8/10 and she says, "my left leg hurts so bad".**	**1.Give patient a pain medication to decrease pain and facilitate relaxation and sleep.** **2.Help patient to take a comfortable position also treat patient left low leg wound. This help to decrease pain.**	**1.after giving medication to the patient, she rates her pain 4/10. Patient's pain decreased from 8/10 to 4/10.** **2.After wound treatment, patient feels more comfortable and she was able to walk in the hallway without complain.**
2. Risk of Infection **(Vera, M., 2019)**	**Related to severe impaired skin integrity as evidence open wound in left low leg.**	**1. Assess for sign of infections every shift.** **2.Monitor vital signs and WBC count, as**	**1.patient is on every 2 hours check. She is resting in the bed without any sign of fever. Pt will be able to report any sign of infection.** **2.Patient vital signs and WBC count are all**

		order. Report when it is elevated. This may be a sign of infection.	**within normal value.**
3. Ineffective Peripheral Tissue Perfusion (Rachdaoui, N. (2020)	**Related to poor circulation as evidence non-healing wound and faint pulse in left low leg due to diabetes mellitus.**	**1.Elevated patient's feet on the pillow above the heart to allow good circulation and decrease swelling on left low leg and check pulses on left leg extremities to roll out DVT.** **2.Administrated antibiotic IV according to the physician's order.**	**1.Patient tolerated feet up/elevated on the pillow, she is resting without any complain. Goal: patient edema in left low leg will decrease.** **2.Patient left low leg wound will show signs of healing. She verbalizes the importance of safety and checking her legs because she is diabetic.**

Other References (APA):

Vera, M. (2019, April 11). 4 dermatitis nursing care plans. Retrieved February 10, 2021, from https://nurseslabs.com/dermatitis-nursing-care-plans/.

Rachdaoui, N. (2020). Insulin: The Friend and the Foe in the Development of Type 2 Diabetes Mellitus. *International Journal of Molecular Science*.

Concept Map (20 Points):

N321 Care Plan

Subjective Data

Patient came to ER for non -healing wound in left low leg. She claims a pain at 8 on the scale from 0-10, saying that she was not able to sleep at night because of acute sharping pain. She also states that she is experiencing pain when walking or moving her left leg.

Nursing Diagnosis/Outcomes

- Acute Pain related to left low leg wound as evidence patient rates her pain 8/10 and she says, "my left leg hurts so bad".
- Risk of Infection related to severe impaired skin integrity as evidence open wound in left low leg.
- Ineffective Peripheral Tissue Perfusion related to poor circulation as evidence non-healing wound and faint pulse in left low leg due to diabetes mellitus.

Expected outcomes.

- Patient will have stable pain between 0-3. She rates her pain 4/10.
- Patient will show no signs of inflammation such swelling, redness, pain, and lack of mobility. Patient was able to move her left leg when walking in the hallway.
- Patient left low leg wound will show sign of healing and a decreased of edema on left low extremity. Patient left leg wound does not show any drainage. She is voiding a lot after taking Lasix.

Objective Data

Blood Glucose is elevated due to diabetes mellitus. Generalize obese patient, alerted with no sign of stress. Move all four extremities spontaneous. Her face and neck are symmetrical, PERRLA and EOM are present. No jaundice in eye bilaterally. Oral mucosa pink and moist. Chest clear to auscultation bilaterally, no wheezing or crackles. S1 and S2 are normal, no gallop or murmur noted. Soft abdomen without tenderness. Faint pedal pulse and pitting edema 1+ on left low leg.

Patient Information

On February 03, 2021; a 74 y/o Write Caucasian female, widow, unemployed, retired patient with the height of 5'3" was admitted to OSF for non-healing wound on left low leg that it is not treatable by oral antibiotic.

Nursing Interventions

- Administered pain medication to decrease the pain.
- Wound care will facilitate well wound-healing and avoid infection.
- Monitor Vital Signs and CBC to roll out infection.
- Reposition patient in comfortable position to help her relaxing.
- Assess pulse in the low extremities to roll out DVT.
- Educated patient to take medication as prescribe by the physician.
- Educate patient to control her blood glucose regularly and to take insulin as prescribe.

N321 Care Plan

N321 Care Plan