N441 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
1-25-2021	L.R	66	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**

White	None	Married	Rocephin; Rash
Code Status Full	**Height** 5’7”	**Weight** 397lbs 5oz	

Medical History (5 Points)

Past Medical History: Atrial Fibrillation; Asthma; Chronic Obstructive Pulmonary Disease (COPD); Diabetes Type 2, controlled; Deep Vein Thrombosis (DVT); Hypertension (HTN); Hypothyroidism; Obstructive Sleep Apnea; Morbid Obesity; Depression; Hyperlipidemia.

Past Surgical History: No past surgical history.

Family History: Mother had cancer; no known paternal issues.

Social History (tobacco/alcohol/drugs): Quit smoking around 11 years ago, was a smoker of 10 years. Client smoked about 3 packs a week; Has never used smokeless tobacco; No previous drug use. No previous alcohol use.

Assistive Devices: Uses wheelchair and walker.

Living Situation: Lives at her home with husband and receives care from him.

Education Level: High School.

Admission Assessment

Chief Complaint (2 points): Red spots and itching on legs. Confusion.

History of present Illness (10 points): A week before admission to the hospital, the client first started to note red, warm spots on her skin. It became so painful and uncomfortable that she needed to seek medical attention. She had her husband drive her to the

emergency room as he was worried about her confusion. These spots were located on the client's left leg. The pain and warmness were nonstop. The client described it as a "nonstop burning and itchy feeling." The client stated, "it feels worse when touched or moved." For relief, the client would lay still in bed and try not to move. While at home, the client attempted using Tylenol and an ice pack. None of which offered her much relief. She was admitted to the floor following the ER.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis of Left lower extremity

Secondary Diagnosis (if applicable):

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

Cellulitis is not an uncommon infection that presents on the skin, it commonly shows a red and swollen area that is hot, tender, and usually painful and spreads very rapidly (Normandin & Watson, 2020). The infection is caused by bacteria breaking through the skin's surface, where there is some injury. After it gets underneath the skin, the bacteria rapidly multiply and create a chemical that causes inflammation to appear in the skin (Cellulitis, 2018).

Sometimes cellulitis has similar and more severe symptoms. Typical cellulitis symptoms include pain and tenderness, tight and glossy skin, redness, and warmth over the affected area. For vital signs, it is common to see elevated blood pressure and fever. More severe symptoms include shaking, chills, fatigue, lightheadedness, and sweating (Normandin & Watson, 2020). Symptoms such as drowsiness, lethargy, blisters, and red streaks are an indication that the cellulitis is spreading.

Cellulitis is easily diagnosed, and most doctors will be able to tell just by looking at the skin. Completing tasks such as an ultrasound of the veins in the area can help eliminate the idea that there may be a blood clot as the symptoms can mimic one another (Cellulitis, 2018). Other testing, such as blood tests and x-rays, can determine if the bacteria has spread and how large the infection is (Cellulitis, 2018). This client had an x-ray of the area to determine if the disease had spread to the bone, as well as blood tests to see the degree of infection shown in the blood. The medical team might consider a culture to determine how best to treat the causative organism (Cellulitis, 2018).

Treatment of cellulitis is most commonly done with a different antibiotic or group of antibiotics depending on the site and the cause of the infection (Cellulitis, 2018). If the cellulitis is mild, you may be able to take an oral antibiotic home and treat it there (Cellulitis, 2018). Severe cellulitis will need to be treated in the hospital with IV antibiotics (Cellulitis, 2018). This client is taking two different IV antibiotics to treat her case of cellulitis; vancomycin and cefepime.

If one were to obtain cellulitis frequently or have poor circulation, it is essential to prevent getting cellulitis (Normandin & Watson, 2020). Doing things such as keeping your skin moist to avoid cracking, wearing protective equipment, and regularly inspecting commonly injured areas like your feet can help prevent cellulitis (Normandin & Watson, 2020). If you do get a break in the skin, be sure to clean it right away and cover it with a bandage to prevent bacteria from entering the area.

Pathophysiology References (2) (APA):

Cellulitis. (2018, December). Harvard Health Publishing. Retrieved October 1, 2020, from https://www.health.harvard.edu/a_to_z/

cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20usef

ul.

Normandin, B., & Watson, S. (2020, February 19). *Everything You Need to Know About Cellulitis*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/cellulitis

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	3.80-5.30 10(6)/ mcL		4.12 10(6) / mcL	
Hgb	12.0-15.8 g/dL		10.9 g/dL	Hypothyroidism can cause low hgb (Jewell, 2019).
Hct	36.0-47.0%		32.7%	Inflammatory diseases, in this case cellulitis, can lead to decreased hct (Nall, 2018).
Platelets	140-440 10(3)/mcL		251 10(3) /mcL	
WBC	4.00-12.00 10(3)/ mcL		7.70 10(3) / mcL	
Neutrophils	47.0-73.0%		76.8%	Infection, likely from cellulitis in this patient, causes increased neutrophils (Holland, 2017).
Lymphocytes	18.0-42.0%		14.4%	Infections, in this case cellulitis, can cause a decrease in lymphocytes (Iftikhar, 2019).
Monocytes	4.0-12.0%		5.1%	

Eosinophils	0.0-5.0%		3.4%	
Bands				

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		138 mmol/L	
K+	35-5.1 mmol/ L		4.3 mmol/L	
Cl-	98-107 mmol/ L		105 mmol/L	
CO2	21-31 mmol/L		27 mmol/L	
Glucose	70-99		88	
BUN	7-25 mg/dL		16 mg/dL	
Creatinine	0.50-1.00 mg/ dL		0.71 mg/dL	
Albumin	3.5-5.7 g/dL	3.8 g/dL		
Calcium	8.6-10.3 mg/dL		8.2 mg/dL	Hypothyroidism and prolonged immobilization can lead to low calcium levels (Kahn, 2019).
Mag	1.6-2.6 mg/dL		1.7 mg/dL	

Phosphate				
Bilirubin				
Alk Phos	34-104 U/L		102 U/L	
AST				
ALT				
Amylase				
Lipase				
Lactic Acid				
Troponin	0.000-0.040 ng/dL		<0.030 ng/dL	
CK-MB				
Total CK				

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		1.9	Blood thinners, in this case warfarin, can cause an elevated INR (Pietrangelo, 2018).
PT	10.1-13.1		22.8	Blood thinners, in this case warfarin, can cause an elevated PT

	sec			(Pietrangelo, 2018).
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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	no range	Yellow Hazy		
pH	5.0-9.0	5.0		
Specific Gravity	1.003-1.030	1.021		
Glucose	negative	negative		
Protein	negative	negative		

Ketones	negative	negative		
WBC	0-5/hpf	0-5		
RBC	0-2/hpf	11-20		RBC's in the urine may suggest an infection in the urinary tract (Nall, 2019).
Leukoesterase	negative	negatvie		

Arterial Blood Gas 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
pH	7.35-7.45		7.39	
PaO2	80-100 mmHg		69 mmHg	Client is not getting enough oxygen, likely form COPD (Rice, 2018).
PaCO 2	35-45 mmHg		45 mmHg	
HCO3	22.0-26.0		27.3	COPD can cause an increased bicarb level (Rice, 2018).
SaO2	95-100%		93%	Client not getting enough oxygen, likely from COPD (Rice, 2018).

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				
Blood Culture	No growth	No growth within 3 days		
Sputum Culture	No growth	No growth within 1 day		

Stool Culture				

Lab Correlations Reference (APA):

Holland, K. (2017, June 6). *White Blood Cell Count and Differential*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/white-blood-cell-count-and-differential

Iftikhar, N. (2019, February 4). *What Is Lymphocytopenia?* Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/lymphocytopenia

Jewell, T. (2019, September 5). *Hemoglobin (Hgb) Test Results*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/hgb

Kahn, A. (2019, July 31). *Hypocalcemia (Calcium Deficiency Disease)*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/calcium-deficiency-disease

Nall, R. (2018, September 29). *Hematocrit Test*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/hematocrit

Nall, R. (2019, December 2). *Why Are There Red Blood Cells in My Urine?* Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/rbc-in-urine

Pietrangelo, A. (2018, September 17). *Coagulation Tests*. Healthline. Retrieved October 1, 2020, from https://www.healthline.com/health/coagulation-tests#purpose

Rice, S. C. (2018, September 27). *CO2 Blood Test*. Healthline. Retrieved October. 1, 2020, from https://www.healthline.com/health/co2-blood-test

Diagnostic Imaging

All Other Diagnostic Tests (5 points): XR of the Knee 1 or 2 views left.

Diagnostic Test Correlation (5 points): The client presented to the hospital with cellulitis. By doing an x-ray of the area, doctors can see if the infection from cellulitis has spread to the bone, giving them an idea of how far the infection has progressed (Cellulitis, 2018). A finding of the XR help identify osteoarthritis of the left knee.

Diagnostic Test Reference (APA):

Cellulitis. (2018, December). Harvard Health Publishing. Retrieved October 1, 2020, from https://www.health.harvard.edu/a_to_z/cellulitis-a-to-z#:~:text=X%2Drays%20can%20help%20to,the%20skin%20is%20not%20useful.

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

Home Medications (5 required)

Brand/Generic	duloxetine - Cymbalta	levothyroxine - Synthroid	Insulin Aspart - Novolog	Ipratropium -albuterol - DuoNeb	spironolactone - Aldactone
Dose	30 mg	75 mcg	15 units	3 mL	50 mg
Frequency	4 x daily	every morning before breakfast	4x daily	4 x daily PRN	daily
Route	Oral	Oral	Subcutaneous	Nebulization	Oral
Classification	Anti-depressant	Thyroid hormone replacement	Insulin	Bronchodilator	diuretic
Mechanism of Action	Inhibits dopamine, serotonin, and norepinephrine to elevate mood	Replaces thyroid hormone by controlling DNA translation and protein synthesis	Stimulates hepatic glycogen synthesis	Stimulates adenyl cyclase	Attaches to receptors on the walls of cells preventing sodium and water reabsorption
Reason Client Taking	Depression	Hypothyroidism	Diabetes	COPD	Hypertension & diuresis
Contraindications (2)	Hepatic insufficiency; uncontrolled angle-closure glaucoma	Acute MI; adrenal insufficiency	Low blood sugar, hypersensitivity	Hypersensitivity to atropine; hypersensitivity to any components	Acute renal insufficiency; hyperkalemia
Side	Agitation;	Anxiety;	weight gain,	Body aches;	Diarrhea;

Effects/Adverse Reactions (2)	anxiety	arrhythmias	swelling in hands or feet	cough	muscle weakness
Nursing Considerations (2)	Do not give in patients with severe renal impairment; Avoid stopping medication abruptly	Monitor blood glucose; Not used for weight loss	Monitor glucose levels; educate on how to administer	Use caution in patients with hepatic or renal diseases; use caution in patients with narrow-angle glaucoma	May crush and mix with syrup for patients who have trouble swallowing; Evaluate blood pressure for effectiveness
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Monitor serum sodium level; Obtain baseline blood pressure	assess PT	Check blood glucose level	Check O2 level	Evaluate potassium level; evaluate baseline blood pressure
Client Teaching needs (2)	Do not chew or crush; Avoid excess alcohol consumption	Take at least 30 minutes before breakfast; take with a full glass of water	Inject before meals; store at room temperature or in fridge	Effects should last 5 hours; do not expose this product to the eyes	Take with meals or milk; avoid hazardous activities such as driving if effects are unknown

Hospital Medications (5 required)

Brand/ Generic	cefepime - Maxipime	simvastatin - Zocor	vancomycin - Vancocin	warfarin - Coumadin	Calcium- carbonate (Vitamin D)
Dose	2g	20 mg	1750 mg	7 mg	600-200 mg
Frequency	every 8 hours	every evening	every 12 hours	every evening	Daily
Route	IV	Oral	IV	Oral	Oral
Classification	Antibiotic	Anti-hyperlipidemic	Antibiotic	Anticoagulant	Calcium replacement
Mechanism of Action	Interferes with bacterial cell walls causing cell death	Interrupts the pathway for cholesterol synthesis causing less to form	Alters permeability of bacterial cells leading to cell death	Prevents coagulation by interfering with vitamin k dependent clotting factors	increases intracellular and extracellular calcium to maintain homeostasis
Reason Client Taking	Cellulitis	hyperlipidemia	Cellulitis	Atrial	Vitamin D

				Fibrillation	deficiency & bone density replacement
Contraindications (2)	Hypersensitivity to cefepime; hypersensitivity to other antibiotics	Active hepatic disease; breastfeeding	Hypersensitivity to corn and corn products; hypersensitivity to vancomycin	Bleeding or bleeding tendencies; severe hepatic or renal disease	hypercalcemia; hypophosphatemia
Side Effects/Adverse Reactions (2)	Edema; thrombocytopenia	Abdominal pain; heartburn	Back pain; rash	Loss of consciousness; weakness	hypotension; irregular heartbeat
Nursing Considerations (2)	Assess bowel pattern daily; Assess for signs of bleeding	Use cautiously in elderly patients; Give 1 hour before or 4 hours after giving bile sequestrant	Monitor concentrations frequently; assess hearing during therapy	Avoid IM injections; monitor for bleeding	Store at room temperature; protect from heat, moisture, and direct light

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain culture and sensitivity; Monitor BUN and creatinine	Obtain liver enzymes; monitor lipoprotein level	Check CBC; check BUN	Negative pregnancy test result; Monitor INR	serum calcium level
Client Teaching needs (2)	May cause false positives of glucose in the urine; report severe diarrhea	Take drugs in the evening; follow a low-fat diet	Complete full course of vancomycin, keep follow up appointments	Take drugs exactly as prescribed; Do not take 2 doses at once if you miss one	Shake bottle well before each use; take separate from other prescribed drugs

Medications Reference (APA):

2019 Nurse's drug handbook (Eighteenth edition. ed.). (2019). Jones & Bartlett

Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 AO x2 - Pt oriented to name and place. No apparent distress Appearance normal PT looks stated age.

	Pt groomed for normal appearance
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ■** **Type:**	Pt has cellulitis present on lower extremities. Tan/Yellow Dry Warm <3 seconds No rashes Right upper arm, back of thigh No wounds 14 None N/A
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Midline Clean; client has many piercings on both ears. Wears glasses; good extraocular movements. Nose piercing, midline, no drainage Has few teeth, no dentures
CARDIOVASCULAR (2 points): **Heart sounds:** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ■** **Edema Y ■ N ☐** **Location of Edema:**	 Clear S1, S2; no murmur, gallop, or rub detected. Regular rhythm Able to palpate all pulses bilaterally +3 <3 seconds No 8 J Yes Lower extremities bilateral 2+ pitting edema
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ■** **Breath Sounds: Location, character**	 No Clear breath sounds
GASTROINTESTINAL (2 points): **Diet at home:**	 Diabetic diet

Current Diet	Diabetic diet
Height:	5’7”
Weight:	397 lbs. 5 oz
Auscultation Bowel sounds:	All four quadrants normoactive
Last BM:	Pt stated “today.”
Palpation: Pain, Mass etc.:	Hernia located on upper right quadrant of abdomen; pain stated upon palpation.
Inspection:	
Distention:	At hernial site
Incisions:	None
Scars:	None
Drains:	None
Wounds:	None
Ostomy: Y ☐ N ■	No
Nasogastric: Y ☐ N ■	No
Size:	N/A
Feeding tubes/PEG tube Y ☐ N ■	No
Type:	N/A
GENITOURINARY (2 Points):	
Color:	Hazy yellow
Character:	No strong odor noted.
Quantity of urine:	200 mL
Pain with urination: Y ☐ N ■	No
Dialysis: Y ☐ N ■	No
Inspection of genitals:	Viewed when placing pure wick. Normal appearance.
	Yes
Catheter: Y ■ N ☐	Pure wick catheter
Type:	unknown
Size:	
MUSCULOSKELETAL (2 points):	Moves upper body independently, needs help with her lower extremities.
Neurovascular status:	ROM normal with assistance
ROM:	Walker and wheelchair when needed due to lower energy or safety reasons.
Supportive devices:	

Strength: **ADL Assistance: Y[redacted] N ☐** **Fall Risk: Y [redacted] N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment [redacted]** **Needs support to stand and walk[redacted]**	Arms equal, Left leg weaker due to pain from current diagnosis Yes Yes 35 Morse fall score – 42 moderate risk. No Yes Yes Yes
NEUROLOGICAL (2 points): **MAEW: Y ☐ N[redacted]** **PERLA: Y [redacted] N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐** **Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 No; does not move lower extremities well. Yes No Legs Oriented x2 – Pt oriented to name and place Cognitive Clear Within normal limits Awake
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 Speaks with pastor, talks with family. Cognitive Christian ; Helps with coping. Her and her husband attend. Pt has a large amount of family support; talks on the phone with family frequently and receives care from her daughter and husband at home.

Vital Signs, 2 sets (5 points)

Tim	Pulse	B/P	Resp Rate	Temp	Oxygen

e					
0800	79 beats/min	138/60 mmHg	18 breaths/min	98.3°F	93%
1126	76 beats/min	124/66 mmHg	18 breaths/min	98.8°F	94%

Vital Sign Trends: Within normal ranges.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numerical 1-10	Left leg	4	aching/stinging	Informed of next dose of pain medication was and repositioned in bed.
1130	Numerical 1-10	Left leg	7	aching/stinging	Pain medication given & will follow up with pain assessment.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** Right forearm **Date on IV: 11**-26-2020 **Patency of IV:** Good blood return, flushes easily without any signs or symptoms of infiltration. **Signs of erythema, drainage, etc.:** No **IV dressing assessment:** Dressing is dry, intact, and occlusive.	Cefepime 2g in Sodium chloride 0.9% 100mL Client reports no pain with IV use.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
125 mL IV 200 mL oral	220 mL (urine) Pure wick use

Nursing Care

Summary of Care (2 points)

Overview of care: During shift, client was receiving IV antibiotics to help with cellulitis. Vitals and pain were monitored throughout the shift. Client was repositioned in bed per hospital policy. Education was provided concerning proper nutritional intake.

Procedures/testing done: No testing done during shift.

Complaints/Issues: None

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Diet is the same as at home; not active due to cellulitis.

Physician notifications: Continue IV antibiotics

Future for patient: Physical therapy and follow up with PCP.

Discharge Planning (2 points)

Discharge location: Possible nursing home for physical therapy.

Home health needs (if applicable): N/A

Equipment needs (if applicable): Client uses wheelchair and walker.

Follow up plan: Follow up with primary care physician.

Education needs: Prevention of cellulitis. Proper diet.

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. Ineffective tissue perfusion related to cellulitis as evidenced by inflammation of the lower extremities.	Client has inflammation in the lower extremities.	**1.** Move lower extremities per policy to promote circulation. **2.**Client will use SCDs on lower legs.	1.Goal met; client moved extremities a few times during shift to promote circulation. Patient was cooperative with care. 2.Goal met; client now uses SCDs when appropriate.
2. Impaired skin integrity related to cellulitis as evidenced by inflammation, pain, and redness of the skin.	The Client's skin is red, inflamed, and painful to the touch.	**1.**Assess for any openings in the skin **2.**Clean the area to prevent buildup of bacteria.	**1.** Goal met; client had no visible openings in the skin however stated it was painful upon palpation. 2. Goal met; hygiene care was completed.

3. Acute Pain related to cellulitis as evidenced by red, swollen, warm areas as well as patient stating, “it is so painful.”	Client stated there was pain in her left lower extremity as well as having a red, swollen, and warm area.	**1.** Client uses non-pharmacologic pain management strategies. **2**.Client shows relaxed mood and coping.	**1.** Goal met, client used non-pharmacological pain management such as distraction and relaxation techniques. 2. Goal met, client appeared to be relaxed and coping well
4. Impaired physical mobility related to cellulitis as evidenced by patient needing assistance with ADLs.	The client is unable to care for herself and requires the assistance of her husband and daughter. The client stays in bed or a chair most of her days.	1.Assess the emotional response to the disability or limitation. 2. Establish measures to prevent skin breakdown	**1.** Goal met; Client will continue to talk with her therapist and better communicate her feelings. 2. Goal met; Client understands why she needs to be repositioned frequently.

Client stating, ""it feels worse when touched or moved."
Client stating, "nonstop burning and itchy feeling."
Client stating, "I feel so uncomfortable in bed."

Ineffective tissue perfusion related to cellulitis as evidenced by pain in the lower extremities, and inflammation of the lower extremities. Outcome – Client received education. Will continue to follow through with teaching.
Impaired skin integrity related to cellulitis as evidenced by inflammation, pain, and redness of the skin. Outcome – Client received education. Will continue to monitor skin and seek medical attention when appropriate.
Acute Pain related to cellulitis as evidenced by red, swollen, warm areas as well as patient stating, "it is so painful." Outcome – Client received education. Will continue to practice nonpharmacological actions when appropriate.
Impaired physical mobility related to cellulitis as evidenced by patient needing assistance with ADLs. Outcome – Client received education. Will continue to ask for assistance when appropriate.

Low HGB of 10.9
Low HCT of 33.7%
Elevated neutrophils of 74.8%
Xray of the knee showing osteoarthritis.

The client is 66 years of age. She has been diagnosed with cellulitis. The client is married and has one daughter who both help care for her at home.

Other References (APA):

Concept Map (20 Points):

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