N321 Care Plan #1

Lakeview College of Nursing

Jamie Rucker

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
1/27/21	A.C.	94	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Retired	Widowed	NKA
Code Status	**Height**	**Weight**	
Full	5’0”	114lb	

Medical History (5 Points)

Past Medical History: Arthritis, Bipolar disorder, chronic kidney disease, colon cancer, dementia, hypertension

Past Surgical History: Hysterectomy

Family History: No relevant family history

Social History (tobacco/alcohol/drugs): no smoking, no alcohol, no drugs

Assistive Devices: Walker and gait belt

Living Situation: Was living with grandson but will be discharging home with granddaughter to Milwaukee Wisconsin

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Agitation, UTI

History of present Illness (10 points): On January 27th patient was brought in by EMS for confusion and agitation which started at home the evening before. The patient’s grandson stated, “She was threatening me with a knife. I had to put her in the other room for her safety and mine.” There wasn’t anything that seemed to make it better.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):. UTI

Secondary Diagnosis (if applicable):.Agitation

Pathophysiology of the Disease, APA format (20 points): Urinary tract infections are pretty common, in fact each year there are about 6 to 7 million people who go to the doctor due to urinary tract infections (Capriotti, 2020). Due to the anatomical make up of a woman, with a shorter urethra of only 1.5" in length, women are more susceptible to urinary tract infections. One of the most common causes is E.coli which comes from the bowel. With the rectum and urinary tract so close together in a female, it makes it really easy for bacteria to get in where it doesn't belong. (Capriotti, 2020). There are several factors that contribute to the susceptibility for a UTI in females, including improper perineal hygiene, dehydration, to name a few. As people age, uti's become more common and more frequent (Eliopoulos, 2018).

My patient is a 94 year old female who presented to the emergency room with a new onset of agitation on confusion. There were several labs drawn, as well as a urinalysis to help diagnose what was going on with A.C. The results returned low red blood cells, low hemoglobin and hematocrit, elevated potassium, and chloride, decreased C02, elevated BUN and creatinine. She also had a urinalysis, and urine culture which showed protein in her urine, and was positive for E.coli bacteria with a returned value of <100,000 bacteria/mL. These previous values are consistent with dehydration, infection and kidney failure. The presence of E. coli bacteria confirms a diagnosis of lower urinary tract infection (Pagana et al., 2018). With older patients, delirium and incontinence can be one of the first indicators of a UTI, as was the case with my patient.

Pathophysiology References (2) (APA):

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

Eliopoulos, C. (2018). *Gerontological nursing*. Wolters Kluwer.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's Diagnostic and Laboratory Test Reference - E-Book*. Mosby.

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	2/6/21 Value	Reason for Abnormal Value
RBC	**4.4-5.80**	**3.17**	**2.86**	A low RBC is consistent with kidney failure/disease which this patient has
Hgb	**13.0-16.5**	**9.1**	**8.2**	A low Hgb is also consistent with the patient's kidney disease
Hct	**38-50**	**27.9**	**25.5**	Low Hct occurs with erythropenia and is due to the patient's kidney disease
Platelets	**140-440**	**198**	**181**	
WBC	**4.00-12.00**	**4.20**	**4.20**	
Neutrophils	**40-60**	**n/a**	**43.6**	
Lymphocytes	**19-49**	**n/a**	**39.1**	
Monocytes	**3.0-13.0**	**n/a**	**10.3**	
Eosinophils	**0.0-0.8**	**n/a**	**6.0**	
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-	**134-144**	**138**		
K+	**3.5-5.1**	**5.0**	**5.2**	High K+ is consistent with kidney disease
Cl-	**98-107**	**110**		Dehydration causes elevated Cl-
CO2	**21-31**	**20**		Possible dehydration/electrolyte imbalance, this patient has kidney disease which is also a reason her Co2 would be a little low
Glucose	**70-99**	**78**	**78**	
BUN	**7-25**	**42**	**68**	Indication of dehydration, however with BUN and Creatinine and this patient, it is more likely due to her kidney disease
Creatinine	**0.50-1.20**	**2.93**		Kidney disease
Albumin	**3.5-5.7**	**3.6**		
Calcium	**8.6-10.3**	**8.9**		
Mag	**1.6-2.6**	**n/a**	**n/a**	
Phosphate	**n/a**	**n/a**	**n/a**	
Bilirubin	**n/a**	**n/a**	**n/a**	
Alk Phos	**n/a**	**n/a**	**n/a**	
AST	**n/a**	**n/a**	**n/a**	
ALT	**n/a**	**n/a**	**n/a**	
Amylase	**n/a**	**n/a**	**n/a**	

Lipase	**n/a**	**n/a**	**n/a**	
Lactic Acid	**n/a**	**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				
PT				
PTT				
D-Dimer		**n/a**	**n/a**	
BNP		**n/a**	**n/a**	
HDL		**n/a**	**n/a**	
LDL		**n/a**	**n/a**	
Cholesterol		**n/a**	**n/a**	
Triglycerides		**n/a**	**n/a**	
Hgb A1c		**n/a**	**n/a**	
TSH		**n/a**	**n/a**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Yellow & clear**			
pH	**5.0-7.0**	**6.0**	**n/a**	
Specific Gravity	**1.003-1.005**	**1.009**	**n/a**	

Glucose	**negative**	**Negative**	**n/a**	
Protein	**negative**	**2+**	**n/a**	Protein present in urine is a sign of kidney disease, and is consistent with this patient's PMH
Ketones	**negative**	**negative**	**n/a**	
WBC	**0-25**	**6-10**	**n/a**	UTI, patient is positive for UTI
RBC	**0-20**	**3-5**	**n/a**	Consistent finding for positive UTI
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		**>100,000 bacteria/mL**	**n/a**	Escherichia coli, cause of patient's UTI
Blood Culture		**n/a**		
Sputum Culture		**n/a**		
Stool Culture		**n/a**		

Lab Correlations Reference (APA):

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd e Kouli, A., Torsney, K. M., & Kuan, W.-L. (2018).

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosby's diagnostic and laboratory test reference (Fourteenth edition. ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): No other diagnostic testing was done

Diagnostic Test Correlation (5 points):

Diagnostic Test Reference (APA):

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

Home Medications (5 required) * Patient has only 8 meds

Brand/Generic	Acetaminophen	Miratazapine Remeron	Olanzapine zydis Zyprexa-ODT	Olanzapine Zyprexa	
Dose	325mg 2 tabs	7.5mg Tabs	5mg Disintegrating tab	5mg	
Frequency	Q4h/PRN	Nightly	Every Evening	Q8H/PRN	
Route	Oral	Oral	Oral	IM	
Classification	Antipyretic, nonopioid analgesic	Antidepressant	Antipsychotic	Antipsychotic	
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse.	May inhibit neuronal reuptake of norepinephrine and serotonin.	May achieve antipsychotic effects by antagonizing dopamine and serotonin	May achieve antipsychotic effects by antagonizing dopamine and serotonin	
Reason Client Taking	Pain relief	depression	Bipolar disorder	Bipolar disorder	
Contraindications (2)	Hypersensitivity to acetaminophen, severe hepatic	Hypersensitivity to mirtazapine, use within 14 days	Hepatic dysfunction, hypotension	Bone marrow depression, coronary artery disease	

	impairment	of an MAO inhibitor			
Side Effects/Adverse Reactions (2)	Hypotension, hepatotoxicity	Seizures, bradycardia	Abnormal gait, agitation	Bradycardia, hypotension	
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment, monitor renal function in patients on long term therapy.	Administer before bedtime, Expect disintegrating tablet to dissolve on patient's tongue within 30 seconds	Olanzapine shouldn't be used for elderly patients with dementia related psychosis because drug increases risk of death in these patients. Use cautiously in patients with hepatic impairment or conditions associated with limited hepatic functional reserve.	Olanzapine shouldn't be used for elderly patients with dementia related psychosis because drug increases risk of death in these patients. Use cautiously in patients with hepatic impairment or conditions associated with limited hepatic functional reserve.	

Hospital Medications (5 required)

Brand/Generic	amlodipine Norvasc	Carvedilol coreg	Docusate sodium Colace	Heparin Porcine	
Dose	10mg	6.25mg	100mg	5,000 units	
Frequency	Daily	BID	Daily PRN	Three times daily	

Route	Oral	Oral	Oral	Subq	
Classification	Antianginal antihpyertensive	Antihypertensive	Laxative, stool softener	anticoagulant	
Mechanism of Action	Binds to dihydropyridine and nondihydropyridine cell membrane receptor sites on myocardial and vascular smooth muscle cells.	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance	Acts as a surfactant that softens stools by decreasing surface tension between oil and water in feces	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin	
Reason Client Taking	hypertension	To control hypertension	To treat constipation, a common side effect of antibiotic therapy	To prevent peripheral arterial embolism, pulmonary embolism	
Contraindications (2)	*only on listed in drug book* Hypersensitivity to amlodipine or its components	Asthma, hypersensitivity to carvedilol	Fecal impaction, hypersensitivity to docusate salts	Hypersensitivity to heparin, uncontrolled active bleeding	
Side Effects/Adverse Reactions (2)	Anxiety, dizziness	Angina hypoglycemia	Dizziness, palpations	Hematemesis, hemorrhage	
Nursing Considerations (2)	Monitor patients with impaired hepatic function closely, Monitor blood pressure while adjusting dosage	Monitor blood glucose levels, warn patient that it may cause dizziness	Instruct patient to not use when experiencing abdominal pain or vomiting. Advise patient to take with a full glass of milk	Use cautiously in alcoholics, alternate injection sites	

Medications Reference (APA):

2020 Nurse's drug handbook (Nineteenth edition. ed.). (2020). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A&Ox4 No acute distress Grooming is fair, looks stated age
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Normal color Warm and dry Normal, 2+ turgor No rashes, bruising or lesions noted No drains present
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical, no JVD, trachea is without deviation. Thyroid is non palpable. Ears symmetrical bilaterally and clear Conjunctiva pink and moist, sclera white, no draining or discharge noted. No polyps or lesions present, moist and clear free of discharge. Tonsils 1+, uvula rises and falls symmetrically. Patient has no teeth and no dentures on assessment. .
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:**	S1/S2 audible with normal rate and rhythm, no murmur, gallops or rubs, Cap refill less than 3 seconds = normal, no edema inspected or palpated
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒**	Breath sounds are clear bilaterally, absent of stridor, crackles and wheezes or rhonchi. Non

Breath Sounds: Location, character	labored normal breathing.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Normal diet at home Renal diet 5'0" 114lbs Normoactive Yesterday 2/10/21 Abdomen is nontender, no masses No distension, incisions, drains or wounds
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	pale yellow clear x1 during my shift
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 14** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment X** **Needs support to stand and walk X**	WDL – active ROM Pt is a one assist with walker and gait belt Bed alarm/chair alarm on at all times Strong grips bilaterally Strong legs bilaterally Has some weakness /unsteady gait Patient stated, "I will walk when God tells me and not before."
NEUROLOGICAL (2 points):	Pupils equal and reactive

MAEW: Y ☒ N☐ **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Grip Strength equal bilaterally Strength equal in legs bilaterally Oriented to person, place and situation Alert with confusion at times Speech is clear LOC - Alert
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):**	Patient is Christian, God is very important to her. Prayer and singing hymns is part of her coping mechanism. She was living with her grandson and will be going home with her granddaughter to Milwaukee, WI

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0748	65	172/79	14	97.8F oral	98% room air
Q8 vitals ordered.	n/a	n/a	n/a	n/a	n/a

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0748	0/10 denies pain/discomfort				

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:**	IV was removed yesterday

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
2 cup of coffee = 240mL 1 cup of oj = 120mL 1 cup of water = 240mL Breakfast 100% (toast and bacon)	X1

Nursing Care

Summary of Care (2 points)

Overview of care: Safety was our focus, due to risk for falls

Procedures/testing done: No labs or tests

Complaints/Issues: No complaints or issues

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Incontinent at times, other times uses the bedside commode with 1 assist, gait belt and walker

Physician notifications: No notifications

Future plans for patient: Patient will be going home with her granddaughter. Granddaughter will need to be educated on the level and amount of care the patient will need.

Discharge Planning (2 points)

Discharge location: Discharging home with granddaughter to Milwaukee, WI today or tomorrow.

Home health needs (if applicable): 1 assist with a walker or patient will use wheelchair

Equipment needs (if applicable): None, patient has her own walker and wheelchair

Follow up plan: Follow up with PCP as needed, take medications as prescribed, encourage mobility with assistance.

Education needs: Granddaughter will need to be educated on caring for the patient, keeping the home free of clutter so she doesn't have a higher risk for falls. Patient will also need assistance with all ADL's. It's important for patient to stay hydrated to help prevent dehydration and UTI's.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

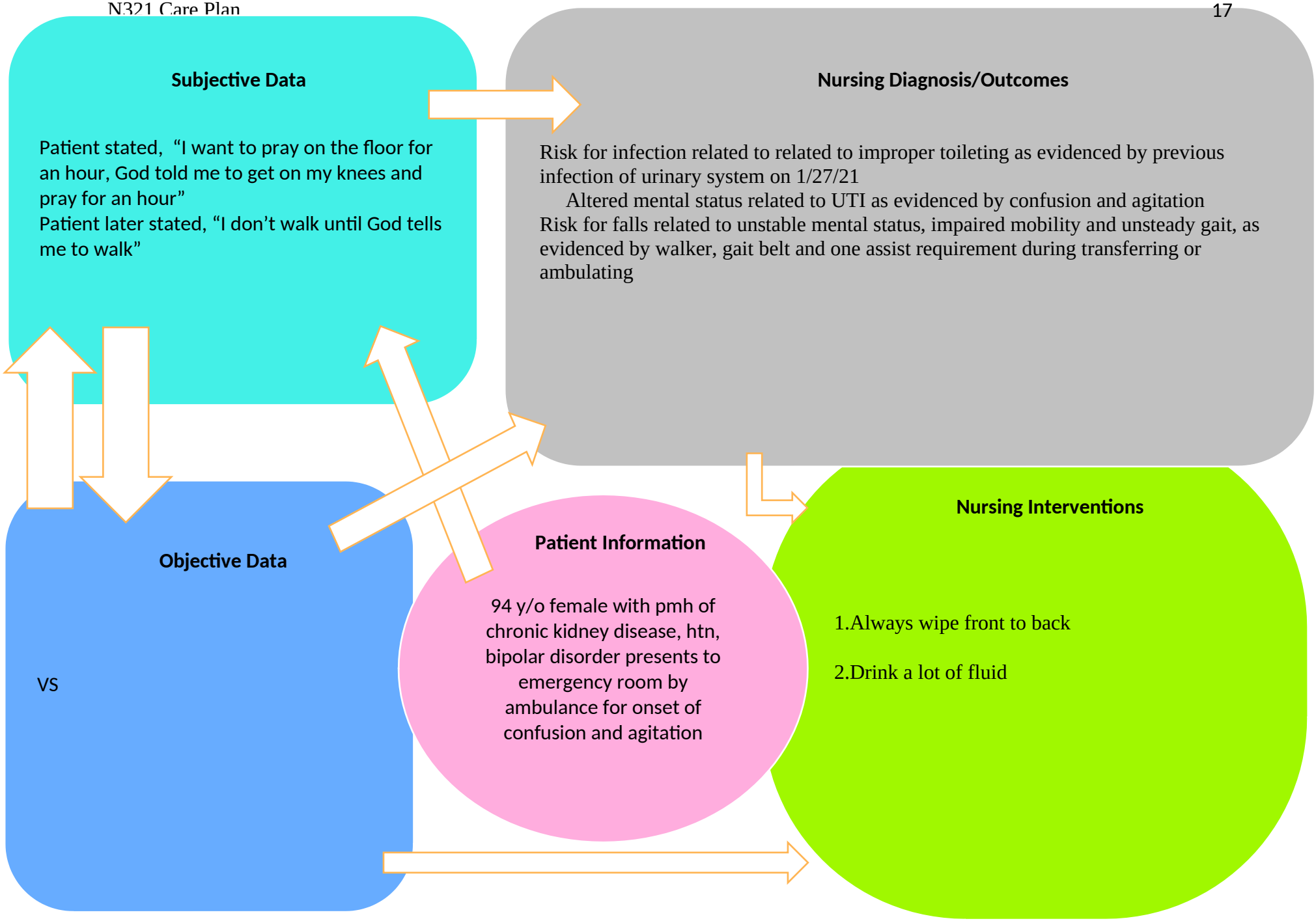
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to related to improper toileting as evidenced by previous infection of urinary system on 1/27/21	Patient is incontinent at times, and has chronic kidney disease, both of which make her more susceptible to infections	1.Always wipe front to back 2.Drink a lot of fluid	Goal not med, no chance to wipe her today as she only went one time Provided water, ice, juice and coffee – goal met
2. Altered mental	Patient has a history of bipolar	1. Check on her frequently	Goal met checked every hour.

status related to UTI as evidenced by confusion and agitation	disorder and recent diagnosis of UTI on 1/27/21	2.Reality check, orientation	Goal met checked orientation to person, place and situation
3. Risk for falls related to unstable mental status, impaired mobility and unsteady gait, as evidenced by walker, gait belt and one assist requirement during transferring or ambulating	Patient has unstable mental status, weakness of the lower extremities and requires assistance and use of gait belt and walker	1. Lowered bed, call light within reach 2. Bed alarm/chair alarm on at all times	Goal met Goal met

Other References (APA):

North American Nursing Diagnosis Association. (2018). *Nanda nursing diagnosis: definitions and classification, 2018-2020*.

Concept Map (20 Points):


Subjective Data
Patient stated, "I want to pray on the floor for an hour, God told me to get on my knees and pray for an hour"
Patient later stated, "I don't walk until God tells me to walk"
Nursing Diagnosis/Outcomes
Risk for infection related to related to improper toileting as evidenced by previous infection of urinary system on 1/27/21
Altered mental status related to UTI as evidenced by confusion and agitation
Risk for falls related to unstable mental status, impaired mobility and unsteady gait, as evidenced by walker, gait belt and one assist requirement during transferring or ambulating
Objective Data
VS
Patient Information
94 y/o female with pmh of chronic kidney disease, htn, bipolar disorder presents to emergency room by ambulance for onset of confusion and agitation
Nursing Interventions
1.Always wipe front to back
2.Drink a lot of fluid