

N321 Care Plan # 2

Lakeview College of Nursing

Name:

Princess Anne Hernandez

Demographics (3 points)

Date of Admission 02/10/2021	Patient Initials J.C.	Age 75 years old	Gender Female
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Single	Allergies No known allergies
Code Status DNR	Height 5'9"	Weight 185 lbs.	

Medical History (5 Points)

Past Medical History: Patient has history of anxiety, depression, congestive heart failure, chronic kidney disease and COPD.

Past Surgical History: Patient chart indicated surgical history of tonsillectomy, hysterectomy, kidney stone removal.

Family History: Patient chart indicated son, grandmother and brother has heart disease; and mother has cancer.

Social History (tobacco/alcohol/drugs): Patient has been smoking for 54 years, started age 19. Patient reported having 1-2 cigarettes a day. Patient reported occasionally alcohol consumption. Patient denies any use recreational drug or substance use.

Assistive Devices: None

Living Situation: Patient lives alone.

Education Level: 4-year college

Admission Assessment

Chief Complaint (2 points): Fall and Shortness of breath

History of present Illness (10 points): The patient was brought by EMS into the ER on 02/10/2021 for shortness of breath and fall. It was stated that the patient fell off the bed and was unable to get up because she was “feeling unwell and have difficulty breathing.” According to

her chart, she reported “lying on the floor since 5:00 AM for a total of 5 hours until a family member found her.” She was given breathing treatment, and the family member decided to call EMS after she did not improve.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Sepsis and acute renal insufficiency

Secondary Diagnosis (if applicable): Urinary tract infection and rhabdomyolysis.

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

Sepsis is defined as “a body-wide infection that overwhelms the immune system and causes severe multiorgan compromise.” Immunosuppressed patients and adults are most susceptible to sepsis. The infection usually begins in one organ system and then spreads into the bloodstream, which causes sepsis. Urinary tract infection in an older adult is a common cause of sepsis (Capriotti, 2020). Renal insufficiency is an impaired function of the kidneys due to reduced blood flow to the kidney caused by renal artery disease. Typically, the kidneys regulate body fluid and blood pressure and regulate blood chemistry and remove organic waste; however, in renal insufficiency, the kidney cannot do this properly (UC Davis Health, 2019).

Some general signs and symptoms of sepsis are fever, tachycardia, diaphoresis, SOB, tachypnea, fatigue, headache. Some general findings are alteration in mental state, heart rate of >90/min, respiratory rate of 20/min, temperature > 100.4° For < 96.8° F and white blood cell count of <4 or >12 (Maggio, 2020). The patient presented with shortness of breath, feeling unwell and malaise, tachypnea, tachycardia. Her vital signs show her heart rate was over 107, her respiratory rate was over 21, her temperature was 96.8, and her WBC was over 32.4.

Common diagnostic procedures for sepsis are blood and urine culture, CBC, CMP, INR, PTT, ABG, blood lactate, and urinalysis. These procedures also might help with diagnosing

acute renal insufficiency (Swearingen & Wright, 2019). These procedures were done with the patient. The result shows positive blood and urine culture which mean there is bacteria and infection going on in the patient body. Elevated BUN and creatinine show kidney are not working well. Elevated AST, and ALT show muscle damage due to disease or infection. Elevated WBC show there is an infection going on. Urinalysis showed abnormal finding and infection present.

Some of the treatments for sepsis treatments include administering sufficient fluid, giving antibiotics, and oxygen support (Capriotti,2020). The patient was admitted to the hospital for critical care status. She is on BiPAP and started IV antibiotic meropenem with continuous IV infusion at 200 ml/hr. The physician order strict I & O to and NPO status for her. Lactic acid is supposed to be checked every 6 hours per sepsis protocol. Check and monitor renal function and other labs every morning.

Pathophysiology References (2) (APA):

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

Maggio, P. M. (2020). *Sepsis and Septic Shock - Critical Care Medicine*. Merck Manuals Professional Edition. <https://www.merckmanuals.com/professional/critical-care-medicine/sepsis-and-septic-shock/sepsis-and-septic-shock>.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

UC Davis Health, V. C. (2019). *Renal insufficiency*. Renal Insufficiency | UC Davis Health Vascular Center. https://health.ucdavis.edu/vascular/diseases/renal_insufficiency.html.

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	4.20-5.40 10⁶/uL	5.26	4.07	Chronic kidney disease causes the body to produce fewer blood cell (Mayo Clinic, 2020) Patient has history of chronic kidney disease and was diagnosed with acute renal insufficiency.
Hgb	12.0-16.0 g/dL	15.4	11.8	Low Hgb is associated with the body producing fewer red blood cells than usual (Mayo Clinic, 2020) The patient RBC lab value shows a low value of 4.07.
Hct	37.0-47.0%	49.9	38.6	Elevated Hct are associated low availability of oxygen, person with COPD (Pagana et al., 2020) The patient has history of COPD.
Platelets	150-400 10³/uL	197	150	
WBC	4.3-11.0 10³/uL	32.4	17.9	Elevated WBC is associated with infection (Pagana et al., 2020). The patient is diagnosed with UTI and sepsis.
Neutrophils	37.0-85.0	66	88.8	Elevated neutrophil is associated with infection (Pagana et al., 2020). The patient is diagnosed with UTI and sepsis.
Lymphocytes	20.0-45.0	6.0	4.8	Decrease lymphocytes is associated with sepsis (Pagana et al., 2020). The patient is diagnosed with sepsis.
Monocytes	2.0-8.0	2.0	5.1	
Eosinophils	0.0-6.0	0.0	0.0	
Bands	0	N/A	N/A	

N/A: not done at all

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 mEq/L	141	141	
K+	3.5-5.0 mEq/L	4.7	4.7	
Cl-	95-110 mEq/L	97	101	
CO2	23-31 mEq/L	31	26	
Glucose	70-110 mg/dL	126	103	Elevated glucose is can be associated with acute stress response (Pagana et al., 2020) This patient is having shortness of breath, which can cause her to have anxiety and stress.
BUN	8-25 mg/dL	45	63	Elevated BUN is associated with sepsis, renal disease/failure (Pagana et al., 2020). The patient has sepsis and acute renal insufficiency
Creatinine	0.70-1.50 mg/dL	2.9	3.97	Elevated creatinine level means that kidneys are not working well. (Mayo Clinic, 2020). The patient has acute renal insufficiency and history of chronic kidney disease.
Albumin	3.5-5.0 g/dL	3.6	2.7	Low albumin level is associated with kidney disease and malnutrition (MedlinePlus, 2020). The patient has acute renal insufficiency and on NPO status.
Calcium	8.4-10.3 mg/dL	9.9	8.0	Low calcium level is associated with hypoalbuminemia (Pagana et al., 2020). The patient has low albumin level of 2.7
Mag	1.3-2.1 mg/dL	N/A	N/A	
Phosphate	2.5-4.5 mdg/dL	N/A	N/A	
Bilirubin	0.2-1.2 mg/dL	0.4	0.3	

Alk Phos	40-150 U/L	120	73	
AST	16-40 U/L	417	203	Elevated AST might be associated with skeletal muscle trauma (Pagana et al., 2020). The patient was diagnosed with rhabdomyolysis.
ALT	7-52 U/L	121	88	Elevated ALT might be associated with skeletal muscle trauma (Pagana et al., 2020). The patient was diagnosed with rhabdomyolysis.
Amylase	60-120 U/L	N/A	N/A	
Lipase	0-160 U/L	N/A	N/A	
Lactic Acid	0.5-2.2 mmol/L	1.18	0.77	

N/A: not done at all

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	0.90-1.10	-	1.06	
PT	12.2-14.3	-	14.3	
PTT	24-34	-	32	
D-Dimer	<250 ng/mL	>5000.0	-	Elevated d-dimer might be associated with PE or heart disease (MedlinePlus, 2020) Ventilation perfusion scan ruled out PE so elevation of d-dimer might be due to atherosclerotic classification seen on aortic arch of the patient.
BNP	<100 pg/mL	133.3	-	Elevated BNP are associated with congestive heart failure and sepsis (Pagana et al., 2020). The patient has history of congestive heart failure and was diagnosed with sepsis.
HDL	>55 mg/dL	N/A	N/A	

LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	40-180 mg/dL	N/A	N/A	
Hgb A1c	<7%	N/A	N/A	
TSH	0.5-43 ng/mL	N/A	N/A	

- Labs were not taken that time/again

N/A: not done at all

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	Dark yellow/ cloudy	-	Dark yellow and cloudy urine might be associated with dehydration and UTI (Pagana et al., 2020). Elderly patient has increased risk of being dehydrated and the patient was diagnosed with UTI
pH	4.6 - 8.0	8.0	-	
Specific Gravity	1.0005-1.03	1.025	-	
Glucose	Negative	Negative	-	
Protein	0-8 mg/dL	>300	-	Protein in the urine might be because of chronic kidney disease and dehydration (Pagana et al., 2020) Elderly patient has increased risk of being dehydrated and the patient was history of chronic kidney disease.
Ketones	Negative	Negative	-	
WBC	0-4	N/A	-	
RBC	0-2	N/A	-	
Leukoesterase	Negative	Positive	-	Positive value means possible UTI (Pagana et al., 2020). The patient was diagnosed with UTI.

N/A: Not included -not taken again.

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	Positive	-	Positive means when bacteria or yeast are found in the culture (Pagana et al., 2020) Culture positive for gram negative rods. The patient was diagnosed with UTI.
Blood Culture	Negative	Positive	-	Positive blood culture that patient have bacteria in the blood (Pagana et al., 2020) .Culture positive for gram negative rods. The patient was diagnosed with sepsis.
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

N/A: No culture was done - Not done again.

Lab Correlations Reference (1) (APA):

Mayo Foundation for Medical Education and Research (2020). Mayo Clinic.

<https://www.mayoclinic.org/>.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

U.S. National Library of Medicine. (2020). *Health Information from the National Library of Medicine*. MedlinePlus. <https://medlineplus.gov/>.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray; Ultrasound Abdomen; Lung ventilation and perfusion Scan; EKG 12 Lead

Diagnostic Test Correlation (5 points):

➤ **Chest X-ray: 02/10/21**

Indication: The patient reported having shortness of breath. Due to this, a chest X-ray was ordered to determine whether the patient has heart problems, a collapsed lung, pneumonia, broken ribs, emphysema, or any of several other conditions.

Result: Heart size is within normal limits. Atherosclerotic calcification of aortic arch noted. Hyperinflation of the lungs and flattening of the diaphragms is seen suggesting obstructive airway change or COPD.

➤ **Ultrasound Abdomen: 02/10/2021**

Indication: Renal insufficiency. The patient report having right upper quadrant abdominal pain while in the ER. The liver function tests were elevated. Due to this, abdominal x-ray was ordered to determine if the patient has problem on the liver, gallbladder, kidney.

Result: Liver size is within normal limit. Normal vascular flow within the hepatic and portal veins are seen. Kidneys were within normal limit, no stones and hydronephrosis changes are seen. The gallbladder wall thickness shows slight increase. It also shows evidence for several echogenic structure consistent with cholelithiasis.

➤ **Ventilation and Perfusion scan: 02/10/2021**

Indication: Patient reports shortness of breath, history of COPD, abnormal labs result including D-dimer. Due to this, ventilation and perfusion scan was ordered to determine if patient have pulmonary embolism and check COPD.

Result: Ventilation portion of the study show spotty activity throughout the lung fields consistent to history of COP and ruled out pulmonary embolism.

➤ **EKG 12 Lead: 02/10/2021**

Indication: Patient report shortness of breath and heart rates was over 100. Due to this EKG was ordered to determine if patient have any heart problems or cardiac arrhythmias.

Result: Sinus Tachycardia

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference* (15th ed.). Elsevier.

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

Home Medications (5 required)

Brand/Generic	Zoloft/ sertraline hydrochloride	Valium/ diazepam	Lasix/ furosemide	Symbicort/ Budesonide and formoterol	Ventolin HFA/ albuterol sulfate
Dose	25 mg	2mg	20 mg	160 mcg-4.5 mcg/ 2 puff	90 mcg/ 2 puff
Frequency	1x nightly	PRN, every 12 hrs.	PRN	Twice daily	PRN, every 6 hrs.
Route	PO	PO	PO	Inhalation	Inhalation
Classification	Selective serotonin reuptake inhibitors/ Antidepressan t	Benzodiaz epine	Loop diuretic/ Antihypertensi ve	Corticosteroi ds, long- acting beta agonists/ Bronchodilat or	Adrenergic/ Bronchodilat or

Mechanism of Action	Inhibit reuptake of neurotransmitter serotonin by CNS neuron, increasing the amount of serotonin in nerve synapse. Elevated serotonin elevates mood and decrease depression	May increase effect of GABA and other inhibitory neurotransmitter by binding to specific benzodiazepine receptor in cortical and limbic areas of CNS. GABA inhibit excitatory stimulation that helps control emotional behavior.	Inhibits sodium and water reabsorption in the loop of Henle and increase urine formation.	Budesonide inhibits inflammatory cells and mediators decreasing influx into nasal passage, bronchial walls resulting to nasal or airway inflammation decreasing. Formoterol selectively attaches to beta ₂ receptors on bronchial membrane resulting in rapid and long-acting relaxation of bronchial smooth muscle in patients with reversible airways obstruction.	Attaches to beta ₂ receptors on bronchial cell membrane that stimulates the intracellular enzyme adenylate cyclase to convert to ATP to cAMP. It decreases intracellular calcium level and increase level of cAMP. These effect relax bronchial smooth-muscle cells and inhibit histamine release.
Reason Client Taking	depression	Anxiety	To reduce fluid retention	COPD	To prevent bronchospasm
Contraindications (2)	Hypersensitivity to sertraline or its component. Concurrent use of disulfiram.	Acute angle-closure glaucoma. Hypersensitivity to diazepam or its component	Anuria Hypersensitivity to furosemide with highly acidic solutions.	Hypersensitivity to formoterol or its component. Hypersensitivity to budesonide.	Hypersensitivity to albuterol or its components. Hypersensitivity to beta-adrenergic agents.

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Side Effects/Adverse Reactions (2)	Malaise Lethargy	Elevated liver enzyme Muscle weakness	Arrhythmias Thromboembolism	Bronchospasm Laryngeal spasm or swelling	Metabolic acidosis Pulmonary edema
Nursing Considerations (2)	With hepatic or renal dysfunction, Monitor liver enzyme and BUN and serum creatinine level. Should not be given to those who have uncompensated heart failure because of prolonged QT interval and torsade de pointes.	Use cautiously in patient with hepatic or renal impairment. Check blood count and liver function periodically, as ordered, because prolonged use rarely causes jaundice and neutropenia	Monitor blood pressure and hepatic and renal function as well as BUN, blood glucose and serum creatinine, electrolyte, and uric acid levels, as appropriate. Elderly patient is more susceptible to hypotensive and electrolyte-altering effect and greater risk for shock and thromboembolism	Maximum dosage must not be exceeded, because of increased risk of serious cardiovascular effects. Monitor COPD patients for signs and symptoms of pneumonia and lung infections	Monitor serum potassium level because albuterol may cause transient hypokalemia. Drug tolerance can develop with prolonged use.

Hospital Medications (5 required)

Brand/ Generic	Lovenox/ enoxaparin sodium	Merrem I.V./ meropenem	Monoket/ isosorbide mononitrate	Ativan/ lorazepam	Normal Saline/ sodium chloride 0.9%
Dose	30 mg	500 mg	30 mg	2 mg	200 ml/hr.
Frequency	1x daily	Every 12 hours	1x daily	PRN, every 4 hrs.	Continuous
Route	SubQ	IV	PO	IV	IV
Classification	LMW heparin/	Carbapenem/ Antibiotic	Nitrate/ Antianginal	Benzodiazepine/	Crystalloid Fluid

	anticoagulant			Anxiolytics	
Mechanism of Action	Potentiates the action of antithrombin III. By binding to it, enoxaparin rapidly binds with inactive clotting factor. Without thrombin, fibrinogen cannot convert to fibrin and clots cannot form.	Penetrates cells walls of most gram-negative and gram-positive bacteria, inactivation penicillin-binding protein. Inhibit bacterial cell wall synthesis and causes cell death	Interact with nitrate receptors in vascular smooth-muscle cell membrane. Improves cardiac output by reducing preload but also afterload.	May increase effect of GABA and other inhibitory neurotransmitter by binding to specific benzodiazepine receptor in cortical and limbic areas of CNS. GABA inhibit excitatory stimulation that helps control emotional behavior.	Sodium and chloride are major electrolytes of the extracellular fluid compartment . They work together to control extracellular volume and blood pressure.
Reason Client Taking	To prevent DVT	To treat UTI	To prevent angina	Anxiety	Dehydration/sepsis
Contraindications (2)	Active major bleeding Hypersensitivity to heparin or its component.	Hypersensitivity to meropenem. Hypersensitivity to carbapenem drug, beta lactams.	Cerebral hemorrhage Hypersensitivity to isosorbide, other nitrates, or their component.	Acute angle-closure glaucoma Hypersensitivity to lorazepam or its component.	Contraindicated in patients with congestive heart failure. Severe renal impairment
Side Effects/Adverse Reactions (2)	Congestive heart failure Pulmonary edema	Shock Renal failure	Arrhythmias Pneumonia	Coma Seizure	Fluid retention Electrolyte abnormalities
Nursing Considerations (2)	Keep protamine sulfate nearby in case of accidental overdose.	Monitor patient with creatinine clearance of 10 to 26 ml/min for signs and	Be aware that stopping drug abruptly may cause angina and increase the risk of MI.	Use extremely caution when giving lorazepam to elderly and those with	Document baseline vital signs, edema, lung sounds, and heart sounds, and continue

	Check potassium serum level for elevation in patient with renal impairment.	symptoms of heart failure, renal failure, seizure, or shock. Monitor patient for blister formation, rash, and other cutaneous abnormalities because it can become life-threatening.	Monitor blood pressure often during isosorbide therapy, especially in elderly patient, drug may cause severe hypotension.	compromised respiratory function because it may cause hypoventilation or respiratory depression. Monitor patient's respiratory status closely may cause life threatening respiratory depression.	monitoring during and after the infusion. Monitor for continued signs of hypovolemia or hypervolemia
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Medications Reference (1) (APA):

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

Vera, M. (2021, January 18). *FREE: IV Fluid Guide and Cheat Sheet (2020 Update)*. Nurseslabs.

<https://nurseslabs.com/iv-fluids/>.

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	Patient is lethargic. Patient answered name and DOB when asked in the morning. No acute distress. Well-groomed, well-developed, well-nourished
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 12 Drains present: Y ☐ N ☒ Type:	Normal for race Dry/Normal Warm Normal Turgor No noted rashes Bruising noted on the upper left extremities. No noted wounds
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head and Neck symmetrical. No lesions or rashes noted. No lesion or rashes. No lesions or discharge noted. Septum midline. No drainage or bleeding noted. Good dentition overall
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 Clear with no murmur. No friction rubs or gallop. Sinus tachycardic, irregular rhythm Pulses are palpable and 2+ bilaterally. Delay capillary refill.
RESPIRATORY (2 points): Accessory muscle use: Y ☐ N ☒ Breath Sounds: Location, character	Diminished breath sounds bilateral but clear. Respiratory rate ranges between 21-23. No wheeze or crackle. The patient was on BiPAP when being assessed (02/11/2021).
GASTROINTESTINAL (2 points): Diet at home: Current Diet	Normal diet at home Patient was assigned with heart healthy diet, but right now she is NPO.

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:	5'9' 185 lbs. Hypoactive bowel sound Last reported 02/09/2021. No tenderness, mass, or pain, and guarding. Soft and non-distended No noted distention No noted incision No noted scars No noted drains No noted wounds
GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☒ N ☐ Type: Foley Size: 16	Yellow Clear 200 mL (output: foley) No genital abnormalities noted. Catheter was inserted on 02/10/2021.
MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y ☒ N ☐ Fall Risk: Y ☒ N ☐ Fall Score: 85 Activity/Mobility Status: Independent (up ad lib) Needs assistance with equipment Needs support to stand and walk	The patient was unable to move by herself, very lethargic. Before being admitted she do not use supporting device. Generalized weakness. Patient is bedfast. Need assistance in moving and doing personal hygiene.
NEUROLOGICAL (2 points): MAEW: Y ☒ N ☐ PERLA: Y ☒ N ☐ Strength Equal: Y ☐ N ☒ if no - Legs ☐ Arms ☐ Both ☒ Orientation: Mental Status:	Patient has generalized weakness and unable to move by herself. The patient was able to state name and DOB in the morning. Unable to assess mental status and speech because the patient was

Speech: Sensory: LOC:	not able to talk or answer. The patient was wake up for few second when turning in the side and cleaning her up. Lethargic
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):	Unable to obtain information through the patient or the chart. Patient is unable to answer this. No religion was indicated on the chart. Patient lives alone. Patient has a son who is assigned POA of the patient.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1350	107	139/47 r. arm semi-supine	23	96.8 axillary	93 % on BiPAP
1650	104	138/42 r. arm Semi supine	21	96.6 axillary	95 % on BiPAP

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1350	Numeric Scale (CPOT) 0-8	N/A	Patient appears relaxed.	Patient appears relaxed and sleeping.	No intervention implemented
1650	Numeric Scale (CPOT) 0-8	N/A	Patient appears relaxed.	Patient appears relaxed and sleeping.	No intervention implemented

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20G Location of IV: Left antecubital Date on IV: 02/10/21 Patency of IV: Patent Signs of erythema, drainage, etc.: No sign of erythema, drainage, swelling or tenderness.	N/A

IV dressing assessment: Dry and intact	
Size of IV: 22G Location of IV: Left hand Date on IV: 02/11/21 Patency of IV: Patent Signs of erythema, drainage, etc.: No sign of erythema, drainage, swelling or tenderness. IV dressing assessment: Dry and intact	Fluid: Normal Saline (0.9% Sodium Chloride) Rate: 200 mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
24 hours- 1263.0 mL (IV fluid)	24 hours- 200.0 mL (foley)

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was admitted on ICU on 02/19/2021 due to acute renal insufficiency, sepsis, UTI and rhabdomyolysis. Chest x-ray, abdominal ultrasound, ventilation, and perfusion scan was done on ER. Patient report shortness of breath. She was tachypneic and tachycardic. She was on BiPAP, continuous IV infusion and NPO status. Given lovenox for DVT prophylaxis and meropenem IV antibiotic for infection.

Procedures/testing done: Patient had chest x-ray, abdominal ultrasound, ventilation and perfusion scan, EKG 12 lead and several labs including CMP, CBC, INR, D-dimer, BNP, lactic acid, blood culture, troponin, and urinalysis.

Complaints/Issues: Patient fell and experiencing shortness of breath prior to ER admission.

Vital signs (stable/unstable): Patient average heart rates were averaging 107-104 and respiration were averaging 21-23. Patient blood pressure has high systolic and low diastolic. Patient temperature is stable and oxygen saturation is stable with BiPAP.

Tolerating diet, activity, etc.: Patient is on bedfast, on continuous IV infusion and NPO.

Physician notifications: Notify physician of abnormal lab result. General surgeon was notified regarding abdominal ultrasound finding on the gallbladder.

Future plans for patient: Patient was admitted to the hospital and on critical care states.

Continuous observation on ICU. Recheck labs including CBC, CMP, CK level, lactic acid every day. Consultation with general surgeon regarding findings on the gallbladder/

Discharge Planning (2 points)

Discharge location: Depending on improvement of patient, discharge might be home with son or acute rehabilitation center.

Home health needs (if applicable): Anticipate patient will require home health upon discharge like physical and occupational therapy.

Equipment needs (if applicable): N/A

Follow up plan: Follow up with healthcare provider as directed.

Education needs: Educate patient regarding medication. Review any new medication and importance of taking of it. Educate patient about what to life will be after sepsis. Discuss any potential complication, long term consequence reconciliation and action to prevent recurrent infection. Educate patient that it is important to follow up with health care provider.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
Include full nursing diagnosis with “related to” and	Explain why the nursing diagnosis was chosen		How did the patient/family respond to the nurse’s actions?

“as evidenced by” components			Client response, status of goals and outcomes, modifications to plan.
1. Excess fluid volume related to acute renal insufficiency evidence by intake greater than output.	The patient is diagnosed with acute renal insufficiency and sepsis. The patient is on continuous IV infusion. The 24 hours I/O indicates 200mL output, which was way less than the intake of 1263.0 mL	1. Closely assess and document intake and output 2. Administer medication that promotes diuresis like diuretic furosemide.	During the stay on the critical care, the patient is on the strict ins and outs. Patient output was less than 200 ml in 24 hours. Diuretic was ordered for administration, which is 40 mg furosemide via IV. We give her the furosemide IV push around 1630. I made sure to inject the medication slowly over 2 minutes and flush the line slowly too. The goals are balanced intake and output and to continuously monitor the patient.
2. Risk of Imbalanced/ Impaired nutrition: less than body requirements related NPO status evidence by low serum albumin level of 2.7.	Patient was put on NPO status and her serum albumin level decrease since admission.	1. Continuous IV infusion as prescribed while on NPO 2. Continue monitor lab like CBC, CMP, BUN, and albumin.	During the stay, the patient was on continuous IV infusion. While on clinical, we put a new IV bag around 1330, and the second was supposed to be put on 1530, which the nurse will do. The labs were checked every morning was monitored for any changes. The goals are maintaining weight, avoid dehydration and make sure the patient electrolyte is balance.
3. Risk for impaired skin integrity related to very limited mobility and bedfast evidence by high-risk	Patient has very limited mobility and on bedfast.	1. Reassess the skin regularly and whenever the condition or treatment plan results in an increased risk	During the patient's stay on critical care, we assessed the patient's skin regularly and while bathing. Since the patient has very limited mobility and on bedfast, we made

Braden score of 12.		factor. 2. Turn patient at least every 2 hours.	sure we change every position. The goal is to remain the patient's skin intact throughout her stay in the hospital.
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Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

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Concept Map (20 Points):

Subjective Data

Patient stated she fell off on her bed and unable to get up.
She was "feeling unwell and difficulty of breathing."
She was "lying on the floor since 5 AM for a total of about 5 hours."
EMS brought her into ER because a family member saw her on the floor, give her breathing treatment but the patient did not improve.

Excess fluid volume related to acute renal insufficiency evidence by intake greater than output.

Outcome/Goal: During the stay on the critical care, the patient is on the strict ins and outs. Patient output was less than 200 ml in 24 hours. Diuretic was ordered for administration, which is 40 mg furosemide via IV. We give her the furosemide IV push around 1630. I made sure to inject the medication slowly over 2 minutes and flush the line slowly too. The goals are balanced intake and output and to continuously monitor the patient.

Risk of Imbalanced/ Impaired nutrition: less than body requirements related NPO status evidence by low serum albumin level 2.7.

Outcome/Goal: During the stay, the patient was on continuous IV infusion. While on clinical, we put a new IV bag around 1330, and the second was supposed to be put on 1530, which the nurse will do. The labs were checked every morning was monitored for any changes. The goals are maintaining weight, avoid dehydration and make sure the patient electrolyte is balance.

Risk for impaired skin integrity related to very limited mobility and bedfast evidence by high-risk Braden score of 12.

Outcome/Goal: During the patient's stay on critical care, we assessed the patient's skin regularly and while bathing. Since the patient has very limited mobility and on bedfast, we made sure we change every position. The goal is to remain the patient's skin intact throughout her stay in the hospital.

Objective Data

Elevated labs
WBC: 32.4D-dimer: >5000
Troponin: 0.11BNP: >133.3
AST: 417ALT: 121
BUN: 45CK: 2283
Urinalysis: Positive Leukoesterase
Blood and urine culture: positive for gram - rods.
Vitals:
BP: 139/47
HR: 107
RR: 23
O₂: 93 % on BiPAP
Temp: 96.8 axillary

Patient Information

Patient is 75 years old female with history of COPD, congestive heart failure, chronic kidney disease. She was admitted to critical care due to sepsis and acute renal insufficiency.

Nursing Interventions

Closely assess and document intake and output
Administer medication that promotes diuresis like diuretic furosemide.
Continuous IV infusion as prescribed while on NPO
Continue monitor lab like CBC, CMP, BUN, and albumin.
Reassess the skin regularly and whenever the condition or treatment plan results in an increased risk factor.
Turn patient at least every 2 hours.

