N321 Care Plan 2

Lakeview College of Nursing

Julianna Flores

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
02/14/21	LL	07/13/1964	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Disabled	Single- Dating	PCN, Codeine, Pravastatin, Buspirone HCl
Code Status	**Height**	**Weight**	
Full	5'2"	170 lb.	

Medical History (5 Points)

Past Medical History: Pancreatitis, CHF, T2DM (for 50 years), HTN, dyslipidemia, Osteoarthritis, GERD, Fibromyalgia, Renal disease, Atherosclerosis, Anemia, Cellulitis (2020)

Past Surgical History: Cholecystectomy (1984), Cesarean (1984, 1986), hysterectomy and appendectomy (2008)

Family History: Mother (Deceased) – T2DM, Heart disease, Father (Living)- Heart disease, Maternal grandfather (deceased)- Cirrhosis

Social History (tobacco/alcohol/drugs): Patient stated: "I smoked four cigarettes a day for 10 years, but I quit smoking in 1997." Patient reports drinking "every blue moon". Patient denies drug use.

Assistive Devices: Patient stated: "I use a Lough stand crutch at home." Patient currently is 1 assist with a walker.

Living Situation: Patient lives with her brother-in-law and boyfriend.

Education Level: Patient graduated from collage with a nursing degree.

Admission Assessment

Chief Complaint (2 points):"Burning pain in my right leg and swelling, burning abdomen, and pressure in my head"

History of present Illness (10 points): On February 14th at 1730 (onset), a distressed (anxious) but pleasant 56 yo woman presented to OSF Urbana via ambulance. Patient complained of pain in her abdomen, right calf, and forehead (location). Patient stated: "The pain was constant. (duration) My abdomen and calf were burning, it felt like I had electrical currents running through me. My calf was swollen and red. My head felt like someone was leaning their head against mine." (characteristics) Patient reported experiencing blurred vision, dizziness, and nausea during admission (associated). Patient stated: "I tried laying on my side and applying a heating pad to my stomach, but that did not help." (relieving) Patient reported seeking treatment a few years ago for swelling and pain in her left calf, she was diagnosed with cellulitis and received vancomycin. My patient admitting diagnosis was anxiety, but her CBC revealed elevated WBCs. She was admitted on 02/14/21 for possible sepsis related to cellulitis.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anxiety

Secondary Diagnosis (if applicable): Cellulitis, Possible Sepsis

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

Cellulitis is a bacterial skin infection that affects 14 million people a year in the United States (Brown & Watson, 2020). Cellulitis is caused by a break in the skin which allows S. aureus and S. pyogenes, bacteria that live on the outside of the skin to enter the wound (Brown & Watson, 2020). These bacteria, once inside the skin, infect the dermis and the subcutaneous tissues (Brown & Watson, 2020). The signs and symptoms of cellulitis include swelling, pain, redness, and warmth that usually affects one lower extremity (Brown & Watson, 2020). Cellulitis can also cause systemic symptoms such as fever, chills, malaise, and sweating (Hinkle & Cheever, 2018). Risk factors for cellulitis include anything that breaks the skin such as surgical incisions, insect bites, and fissures between the toes (Brown & Watson, 2020). Patients with circulatory disorders such as diabetes or peripheral vascular disease have a greater chance of developing cellulitis due to having frequent skin ulcers, dry and cracked skin, and delayed wound healing (Brown & Watson, 2020). Cellulitis is diagnosed by the clinical presentation of symptoms, but blood work and cultures may be ordered to rule out sepsis (Brown & Watson, 2020). Mild cases of cellulitis can be treated at home by oral antibiotic (Hinkle and Cheever, 2018). Severe cases are treated in the hospital. The patient receives an antibiotic intravenously and their extremity is elevated 3-6 inches above the heart to reduce the swelling (Hinkle & Cheever, 2018). Hot packs and cold packs may be used if the patient can tolerate it. Patients that recover from cellulitis have an 8-20% chance of getting it again ((Brown & Watson, 2020). My patient was diagnosed with cellulitis because her right calf is swollen, red, warm, and tender. Her WBC count was also elevated. The cellulitis is currently being treated by clindamycin HCl 300 mg which she takes by mouth four times daily. My patient is high risk for developing cellulitis because she has diabetes which causes poor circulation and dry, cracked skin. She has several abrasions on her lower

extremities. She did not keep these cracks in her skin clean and dry which allowed her normal

flora to enter and multiply. She has had cellulitis before in her left lower extremity. Therefore,

she should be educated on the importance of proper hygiene and wound management to prevent

reoccurrence.

Pathophysiology References (2) (APA):

Brown, B. D., & Hood Watson, K. L. (2020, August 10). Cellulitis. NCBI.

    https://www.ncbi.nlm.nih.gov/books/NBK549770/

Hinkle, J. L., & Cheever, K. H. (2018). Brunner & Suddarth's textbook of

    medical-surgical nursing (14th ed.). Wolters Kluwer.

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	4.4-5.8	3.56	3.57	RBCs are decreased in patients that are anemic because of renal disease. Renal disease results in decreased erythropoietin production by the kidneys which is needed to produce RBCs (Pagana et al, 2018).
Hgb	12.0-15.8	9.3	9.2	Hgb is decreased in patients who are anemic because of renal disease. My patient's kidneys are not making enough erythropoietin to produce adequate RBCs (Pagana et al, 2018).
Hct	36.0-47.0	29.1	28.9	Hct is decreased in patients who are anemic because of renal disease. My patient's kidneys are not making enough erythropoietin to produce adequate RBCs (Pagana et al, 2018).
Platelets	140-440	217	227	

WBC	4.0-12.0	14.80	7.80	My patient was diagnosed with cellulitis which is a bacterial infection. The immune system responds to infection by increasing the number of WBC to fight off the infection (Capriotti, 2020).
Neutrophils	40-60	86.0		My patient was diagnosed with cellulitis which is a bacterial infection. Neutrophils are the first to respond to bacterial infections (Capriotti, 2020).
Lymphocytes	19-49	74		My patient was diagnosed with cellulitis which is a bacterial infection. The immune system responds to infection by increasing the number of WBC to fight off the infection (Capriotti, 2020).
Monocytes	3.0-13.0	6.4	n/a	
Eosinophils	0-8.0	n/a	n/a	
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	136		
K+	3.5-5.1	4.2		
Cl-	98-107	100		
CO2	21-31	22		
Glucose	70-99	151		My patient has diabetes mellitus which causes the body to increase blood glucose because insulin cannot take glucose into the cells (Pagana et al, 2018).
BUN	7-25	31		My patient has renal disease which reduces the kidneys ability to filter out nitrogenous waste products (Capriotti, 2020).
Creatinine	0.50-1.20	1.36		My patient has renal disease which

				prevents the glomerulus from filtering creatinine. (Capriotti, 2020).
Albumin	**3.5-5.7**	**3.5**		
Calcium	**8.6-10.3**	**n/a**		
Mag	**1.6-2.6**	**n/a**		
Phosphate	**n/a**	**n/a**		
Bilirubin	**n/a**	**n/a**		
Alk Phos	**n/a**	**n/a**		
AST	**n/a**	**n/a**		
ALT	**n/a**	**n/a**		
Amylase	**n/a**	**n/a**		
Lipase	**n/a**	**n/a**		
Lactic Acid	**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	0.9-1.1	n/a	1.57	My patient is receiving heparin to prevent DVT and MI. Heparin is an anticoagulant which increases clotting time.
PT	10.1-13.1	n/a	17.3	My patient is receiving heparin to prevent DVT and MI. Heparin is an anticoagulant which increases clotting time.
PTT	25-36 seconds	n/a	44	My patient is receiving heparin to prevent DVT and MI. Heparin is an

				anticoagulant which increases clotting time.
D-Dimer	n/a	n/a	n/a	
BNP	>400	121	n/a	
HDL	n/a	n/a	n/a	
LDL	n/a	n/a	n/a	
Cholesterol	n/a	n/a	n/a	
Triglycerides	n/a	n/a	n/a	
Hgb A1c	n/a	n/a	n/a	
TSH	n/a	n/a	n/a	

Urinalysis <mark>**Highlight All Abnormal Labs**</mark>**—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	Clear, yellow	Clear, yellow		
pH	5.0-9.0	7.0		
Specific Gravity	1.003-1.013	1.013		
Glucose	Negative	Negative		
Protein	Negative	Negative		
Ketones	Negative	Negative		
WBC	Negative	Negative		
RBC	Negative	Negative		
Leukoesterase	Negative	Negative		

Cultures <mark>Highlight All Abnormal Labs</mark>—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	n/a	n/a		
Blood Culture	n/a	n/a		
Sputum Culture	n/a	n/a		
Stool Culture	n/a	n/a		

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts

    and clinical perspectives (2nd ed.). F.A. Davis.

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):

EKG done on 02/15/21 and 02/17/21.

Impression: Normal sinus rhythm, abnormal ECG- When compared to ECG of 02/15/21, no

significant change was found.

CT Impression: No acute abnormality in the abdomen or pelvis. Bilateral non-obstructing

nephrolithiasis. Prior cholecystectomy, appendectomy, hysterectomy.

Diagnostic Test Correlation (5 points):

Patients with anxiety and symptoms of cardiac problems such as dizziness and nausea should be

monitored by telemetry ("Electrocardiogram", 2020). Patient's with a history of heart

complications such as CHF which my patient has, should also be monitored while hospitalized

(Mayo Clinic Staff, 2020). An abdominal CT scan is ordered when patients are experiencing

abdominal pain and the cause cannot be identified through a physical exam ("Abdominal CT",

2018).

Diagnostic Test Reference (1) (APA):

Abdominal CT scan. (2018, September 28). Healthline. https://www.healthline.com/

   health/abdominal-ct-scan

Electrocardiogram (ECG or EKG). (2020, April 9). Mayo Clinic.

https://www.mayoclinic.org/tests-procedures/ekg/about/ pac20384983#:~:text=Your%20doctor

%20may%20use%20an,had%20a%20previous%20heart%20   attack

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

Home Medications (5 required)

Brand/ Generic	Aspirin/ acetylsalicylic acid	Lipitor/ atorvastatin calcium	Ranexa/ ranolazine	Humulin/ insulin regular	Lyrica, pregabalin
Dose	81 mg	40 mg	500 mg	2-12 units	75 mg
Frequency	Twice daily	Once Daily	Twice daily	Three times daily	Once daily
Route	PO	PO	PO	Sub-Q	PO
Classification	NSAID, antiplatelet, antipyretic, nonopioid analgesic	Antihyperlipidemic	Antianginal	Antidiabetic	Analgesic, anticonvulsant
Mechanism of Action	Blocks platelet aggregation by stopping the production of thromboxane A2 which stimulates platelet aggregation.	Reduces plasma cholesterol and lipoprotein levels by reducing HMG-coA and liver synthesis of cholesterol. This increases LDL uptake and breakdown.	Inhibits cardiac late sodium current, but how this inhibits angina symptoms is unknown.	Stimulates glucose reuptake into cells and inhibits hepatic glucose production.	Binds to alpha2-delta site in calcium channels reducing the release of several neurotransmitters. Fewer neurotransmitters being released decreases pain sensation.
Reason Client	To prevent MI	Combined with diet to	To treat chronic	To treat T2DM	To treat neuropathic

Taking		treat dyslipidemia	angina		pain associated with T2DM and fibromyalgia
Contraindications (2)	Active bleeding, Ulcers	Active hepatic disease, hypersensitivity to atorvastatin or its components	Liver cirrhosis, hypersensitivity to ranolazine or its components	Hypoglycemia, hypersensitivity to regular insulin or its components	Hypersensitivity to pregabalin or its components
Side Effects/ Adverse Reactions (2)	GI bleeding, prolonged bleeding time	Hypoglycemia, hepatic failure	Hypotension, hypoglycemia, prolonged QT interval	Hypoglycemia, hypokalemia, redness at injection site	Nephritis, hypoglycemia
Nursing Considerations (2)	Instruct patient to take it with food because it may cause GI upset. Tell patient to notify provider if they pass dark tarry stools or are coughing up blood that looks like coffee grounds.	Monitor diabetic patient's blood glucose levels because atorvastatin can affect blood glucose control. Monitor patient for signs of liver failure such as jaundice and notify provider.	Monitor patient's serum magnesium, potassium, and liver enzymes. Monitor patient's QT interval as ordered.	Monitor blood glucose before administering. Roll vial in palm, do not shake. Give regular insulin 30 minutes before a meal.	Monitor patient closely for suicidal behavior or thinking. Monitor patient closely for adverse reactions, notify provider if significant adverse reactions persist.

Hospital Medications (5 required)

Brand/ Generic	Heparin/ (porcine) heparin sodium injection	Cleocin/ Clindamycin hydrochloride	Cymbalta/ Duloxetine hydrochloride	Roxicodone/ oxycodone hydrochloride	Carafate/ sucralfate
Dose	5000 units	300 mg	60 mg	5 mg	1 g
Frequency	Three times daily	Four times daily	Twice daily	PRN Q6H	Four times daily
Route	Sub-Q	PO	PO	PO	PO
Classification	anticoagulant	Antibiotic	Antidepressant, neuropathic and musculoskeletal pain relief	Opioid analgesic	antiulcer
Mechanism of Action	Inhibits factor Xa and prevents of conversion of prothrombin to thrombin. Without fibrin, clots cannot form.	Inhibits protein synthesis in susceptible bacteria by binding to ribosomes and preventing peptide bond formation killing bacteria.	Inhibits dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate serotonergic activity in CNS elevating mood and inhibit pain from elevated serum glucose levels	Blocks release of acetylcholine and gamma-aminobutyric acid to alter perception and response to pain	Inhibits back-diffusion of hydrogen ions and adsorbs bile acids and pepsin to prevent reoccurring ulcer formation.
Reason Client Taking	To prevent thromboembolism due to inactivity.	Treat cellulitis in right calf	To treat fibromyalgia and generalized anxiety	To treat cellulitis, abdominal, and headache pain	To prevent ulcers.
Contraindications (2)	Uncontrolled active bleeding,	Hypersensitivity to clindamycin	Chronic liver disease including	Acute bronchial asthma or hypercarbia in	Hypersensitivity to sucralfate or

	inability to monitor coagulation parameters when full-dose heparin is used.	or lincomycin or any of their components	cirrhosis and hypersensitivity to duloxetine or its components, severe renal impairment	an unmonitored setting, GI obstruction	its components
Side Effects/Adverse Reactions (2)	Excessive bleeding from wounds, melena	C.diff associated diarrhea, hypotension	Seizures, serotonin syndrome	Respiratory depression, hypotension, bradycardia	Dry mouth, constipation
Nursing Considerations (2)	Alternate injection sites and watch for signs of bleeding and hematoma. Take safety precautions to prevent bleeding such as using a soft toothbrush and electric razor. Keep protamine sulfate on hand to use as an antidote for heparin.	Monitor results of CBC, liver enzymes, and platelet counts during prolonged therapy. Observe patient for signs of superinfection such as sore mouth and vaginal itching.	Monitor patient's hepatic function as ordered because drug may increase the risk of hepatotoxicity. Obtain patient's baseline blood pressure before duloxetine therapy starts and assess for changes.	Monitor BP closely because oxycodone may cause severe hypotension. Assess patient for abdominal pain because oxycodone may mask underlying GI disorders.	Use cautiously in patients with chronic renal failure because of risk for aluminum toxicity. Administer to patient on empty stomach.

Medications Reference (1) (APA):

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

    Learning.

Humulin 70/30. (2017, January 25). Rx List. https://www.rxlist.com/

humulin-70-30-drug.htm#description

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	A &O X4 No acute distress noted. Patient appears older than her age, poor hygiene but wanted to get cleaned up later this evening before going home.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Pink Very Dry Warm 2+ None 2 on RFA and 2 on LFA from IVs. Several in RLQ and LLQ from heparin. Several abrasions and scabs on lower extremities. Braden score 21, I deducted one for mobility and one for activity. My patient is currently 1 assist and uses a walker. My patient ambulated to the bathroom twice but did not want to ambulate in the hall.
HEENT (1 point): **Head/Neck:**	Head and neck symmetrical. Trachea is without

Ears: **Eyes:** **Nose:** **Teeth:**	deviation. No lymphadenopathy inspected or palpated. Thyroid is nonpalpable. Ears pink without drainage. No hearing deficit noted. Symmetrical EOMs. Sclera white. Conjunctiva pink, no drains or lesions noted. Patient is blind. Dentition is poor, several missing and broken teeth.
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:**	Clear S1 and S2 heart sounds. No audible murmur, gallops, or rubs noted. Pulses 2+ throughout bilaterally. Capillary refill normal, less than 3 seconds. No JVD noted. Edema inspected and palpated on right calf. Right Calf is swollen, red, and warm.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds even, regular and nonlabored bilaterally. No crackles, wheezes, or rhonchi noted.

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:
	Low sodium
	Carb consistent
	5'2"
	170 lb.
	Normoactive, patient had just eaten breakfast. 02/14/21, patient reports being constipated due to opioids. Stool softeners have been given on and off. Abdomen tender to palpation in RLQ and LUQ.
	No abdominal distention noted.
	Scar in RUQ from cholecystectomy. Scar midline of the abdomen from C-sections and hysterectomy. Scar RLQ from appendectomy.

GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☒ N ☐**	Patient voided twice while I was with her, both times it was clear and light yellow. Normal quantity. Patient stated: "I have been going more than normal." Patient reported flank

Dialysis: Y ☐ N ☒
Inspection of genitals:
Catheter: Y ☐ N ☒
   Type:
   Size:
	pain when urinating, she was encouraged to drink more fluids since her urinalysis was clear.

MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Normal Able to perform range of motion except inversion and eversion with right ankle. Patient is one assist with a gait belt, she also uses a walker to ambulate. Strength 5/5 in upper extremities bilaterally and left lower extremity. Patient could not flex right lower extremity due to nerve damage from DM, strength 0/5. Fall score 25. Patient requires a walker to ambulate and her gait is weak from her right leg having nerve damage. Patient requires assistance with ADLs and ambulation.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Oriented to person, place, time. Cognitive with normal speech. Normal sensory response in fingers and toes. Weakness observed in right lower extremity. Patient is 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 reports playing Solitaire, listening to the Bible on her tablet and watching Television. Normal, collage graduate. Patient is nondenominational and practices daily. Patient lives with her brother-in-law and boyfriend who help her perform ADLs.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0720	72 LRA	126/75 LA	16	98.7 oral	96 % RA
1100	77 LRA	119/66	16	97.8 oral	99% RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	Numerical	Middle forehead, abdomen (LUQ), right leg	10/10	Burning and aching	Pain medication was given at 0930
1100	Numerical	Middle forehead, abdomen (LUQ), right leg	7/10	Burning and aching	Right leg was wrapped with an ACE bandage and a pillow was placed under her legs.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	n/a
Location of IV:	n/a
Date on IV:	n/a
Patency of IV:	n/a
Signs of erythema, drainage, etc.:	n/a
IV dressing assessment:	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100% of breakfast: 1 slice of French toast, 1 slice of turkey bacon, 1 hard-boiled egg, 1 red gelatin 480 mL of black coffee	Patient voided twice, clear yellow, normal amount. No BM since 02/14/21.

Nursing Care

Summary of Care (2 points)

Overview of care: The goals for this patient today included safety, pain management and treating the infection in her right calf. Patient had bed alarms on and her call light next to her. Pain medication and antibiotics were given on time.

Procedures/testing done: Patient did not leave the floor for any procedures today.

Complaints/Issues: Patient complained of continuous pain in her abdomen, head, and calf but stated she is always in pain due to her Fibromyalgia.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: I helped the patient ambulate to the restroom twice. She had already ordered breakfast before I had gotten there. Patient denies trouble eating. Patient did not want to ambulate in the hall due to leg pain.

Physician notifications: n/a

Future for patient: Patient will continue her antibiotic and pain medication upon discharge.

Discharge Planning (2 points)

Discharge location: Patient is being discharged today back home. Patient's brother-in-law and boyfriend will help her perform ADLs.

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan: Follow up with PCP in one week.

Education needs: Patient will be educated on excellent hygiene to prevent cellulitis due to crack in skin from diabetes. Patient should also be educated on taking home medications and preventing falls.

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. Impaired skin integrity related to skin infection secondary to cellulitis as evidenced by warm, swollen, and reddened right calf	Patient's impaired skin integrity can lead to sepsis.	1.Inspect the skin daily noting any changes such as increased swelling or redness. 2.Administer antibiotic as prescribed and educate patient about finishing the antibiotic.	Goal met- Patients legs were inspected several times during my shift while applying socks before ambulating. I inspected the patient's whole body during my assessment at 1100. Goal met- clindamycin was administered at 0900.
2. Acute pain related to cellulitis as evidenced by patient's numerical rating of 10/10 and refusal to ambulate due to pain in right calf.	Pain interferes with daily activities and sleep. It also affects the patient's mood.	1. Assess for pain when performing vital signs. Assess location, intensity, and aggravating/alleviating factors. 2.Use at least two identifiers before administering pain medications. Administer opioid analgesic for severe pain as prescribed.	Goal met- Pain assessment was completed at 0900 before giving medication. Pain assessment was completed at 1000 following administration of pain. I also assessed it at 1100 during my assessment and vitals. Goal met- Patient's identification was verified using name and date of birth before administering oxycodone at 0900.
3. Impaired physical	Impaired mobility prolongs healing	1.Use bed alarms and instruct patient to call	Goal met- Patients bed alarms were reset after

mobility related to pain secondary to cellulitis and weakness in right lower extremity as evidenced by patient's refusal to ambulate in the hall and weak gait observed during ambulating to the BR.	time, increases the likelihood of falls, and increases the risk of DVT.	for help with ambulating. 2Assess for DVT twice daily by inspecting lower extremities for warm, redness, and swelling. Administer anticoagulant as prescribed to prevent thrombi formation.	ambulating. Patient's call light was kept near her and she was instructed to call for help with going to the rest room. I assisted the patient to the restroom twice during my shift. Goal partially met- Patient's lower extremities were assessed during my physical assessment at 1100. Heparin was administered at 0900 but is prescribed three times daily.

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 (5th ed.). Elsevier.

Concept Map (20 Points):

Subjective Data

Patient stated: "It felt like I had electrical currents running through me".
Patient stated: "My head felt like someone had theirs leaning on mine".
Patient stated: "I had cellulitis in my left leg last year".

Objective Data

WBC 14.80
Right calf swollen, red, and warm.
Pain level 10/10
INR, PT, and aPTT increased.
Abdomen tender to deep palpation
Abdominal CT – no abonormalities
VS: T: 98.7, BP: 126/75, P: 72, R: 16, O2: 96

Nursing Diagnosis/Outcomes

Impaired skin integrity related to skin infection secondary to cellulitis as evidenced by warm, swollen, and reddened right calf.
Outcome: Patient's right calf will show signs of improvement within 48 hours, evidenced by decreased swelling, redness, and warmth.

Acute pain related to cellulitis as evidenced by patient's numerical rating of 10/10 and refusal to ambulate due to pain in right calf.
Outcome: Patient will demonstrate decreased pain level evidenced by verbalized pain rating or improved nonverbal indicators such as improved mood and body language.

3.Impaired physical mobility related to pain secondary to cellulitis and weakness in right lower extremity as evidenced by patient's refusal to ambulate in the hall and weak gait observed during ambulating to the BR.

Outcome: Patient is free of complications of immobility evidenced by absence of falls and thrombi formation.

Patient Information

On 02/14/21, a distraught 56 yo female with a hx of cellulitis, HTN, T2DM, CHF, and anemia presented to OSF Urbana because of pain in her head, abdomen, and right calf.

Nursing Interventions

1.Inspect the skin daily noting any changes such as increased swelling or redness.

2.Administer antibiotic as prescribed and educate patient about finishing the antibiotic.

1. Assess for pain when performing vital signs. Assess location, intensity, and aggravating/alleviating factors.

2.Use at least two identifiers before administering pain medications. Administer opioid analgesic for severe pain as prescribed.

1. 1.Use bed alarms and instruct patient to call for help with ambulating.

2Assess for DVT twice daily by inspecting lower extremities for warm, redness, and swelling. Administer anticoagulant as prescribed to prevent thrombi formation.