N321 Care Plan # 2

Lakeview College of Nursing

ADELE MOANDA

Demographics (3 points)

Date of Admission 02/16/2021	Patient Initials LJS	Age 91 y/o	Gender F
Race/Ethnicity White/Caucasian	Occupation unemployed	Marital Status Widow	Allergies Lisinopril
Code Status No CPR	Height 5'7" (170.2 cm.)	Weight 150 Lbs.	

Medical History (5 Points)

Past Medical History: Liver Disease, CHF, DVT in 2015, GERD, Hyperlipidemia, Hypertension, Hypothyroid, Hemolytic anemia due to iron deficiency in 2020, Osteoporosis, and Alzheimer's type Dementia.

Past Surgical History: Left shoulder and hip replacement in 2010, Open reduction and internal fixation (ORIF).

Family History: Mother had dementia. Father had kidney failure and died from Stroke. Both parents had Chronic Hypertension and osteoporosis. One brother died from stroke in 2012. Another sister has Dementia, hypertension, and hypothyroid.

Social History (tobacco/alcohol/drugs): No alcohol, tobacco, or drugs used.

Assistive Devices: Wheelchair

Living Situation: Nursing Home

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Generalized body pains and confusion

History of present Illness (10 points):.

Patient leaves in the nursing home. In 02/16/2021, she experienced generalized muscles pain that was not release by Tylenol. She became agitated, confused, and restless. Patient says

that “she never feels the pain like that before”. She asked the nursing home nurse to send her to the hospital. When she came in the ER, she rates her pain 10/10. The provide in the ER ordered some lab and Diagnosis test to be done. The lab. Results show elevated platelets, elevated WBC, low RBC, low hemoglobin, low hematocrit. The provider decided that she can be admitted being monitoring for treatment of thrombocytosis, generalized body pains, and anemia.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Thrombocytosis.

Secondary Diagnosis (if applicable): Pulmonary edema

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

Thrombocytosis is a condition in which the platelets is above of normal. Platelets are blood cells in plasma that stop bleeding by sticking together to form a clot (Hinkle, J. L et al. 2018). There are two types of thrombocytosis: primary and secondary. Primary thrombocytosis, also known as essential thrombocythemia (or ET), is a disease in which abnormal cells in the bone marrow cause an increase in platelets. The cause is unknown. It is not considered an inherited (family) condition despite the finding of certain gene mutations in the blood or bone marrow. Secondary thrombocytosis is caused by another condition the patient may be suffering from, such as: Acute bleeding and blood loss, cancer, infections, iron deficiency, removal of your spleen, hemolytic anemia, inflammatory disorders, such as rheumatoid arthritis, sarcoidosis, or inflammatory bowel diseases.

Too many platelets can lead to certain conditions, including stroke, heart attack, or a clot in the blood vessels.

Symptoms included headache, dizziness or lightheadedness, chest pain, weakness, and numbness or tingling of the hands and feet. Risk Factors included hypertension, cigarette smoking, diabetes, obesity, DVT, heart disease, age over 60, and dyslipidemia.

For treatments, the patients who have no symptoms may remain stable and only require routine check-ups by their physician. Secondary forms of thrombocytosis rarely require treatment. The patients need to treat the disease that causes their platelet to go up. In some cases, the patient can take aspirin to help prevent blood clots.

Some drugs used to treat thrombocytosis are hydroxyurea or anagrelide are used to suppress platelet production by the bone marrow. In cases of severe life-threatening thrombocytosis, a procedure called plateletpheresis is performed to immediately lower the platelet count to safer levels. In this procedure, a special instrument is used to remove blood from the patient, separate and remove the platelets, and then return the other blood cells to the patients (Mayo Clinic 2020).

Approximately 71,000 to 88,000 people in the United States have ET. Secondary thrombocytosis depends on underlying factors, for example diabetes. According to the CDC report in 2020, 34.2 million Americans—just over 1 in 10—have diabetes. 88 million American adults—approximately 1 in 3—have prediabetes (*Centers for Disease Control and Prevention,* 2020).

- **Mrs. LJS has a secondary thrombosis because she has been diagnosis for hemolytic anemia in Sep 2020. So, anemia is one of the risk factors of elevated platelet in the body. Also, she had DVT, a clot in the blood in 2015. Her blood cell sticking together and make her in risk to have high platelet. Anemia is the most common hematologic condition affecting older patient, particularly those admitted to hospital or in long-**

term care facilities (Hinkle, J. L., 2018). Mrs. LJS is older patient, living in long-term facility for more than 10 years.

Pathophysiology References (2) (APA):

Centers for Disease Control and Prevention (CDC). (2020, Feb. 11). National Diabetes Statistics Report 2020. www.cdc.gov/diabetes/library/features/diabetes-stat-report.html.

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

Mayo Clinic. (2020, October 27). Thrombocytosis. Retrieved February 21, 2021, from https://www.stclair.org/services/mayo-clinic-health-information/diseases-and-conditions/CON-20378303/.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.41	1.69	2.58	Low. Anemia occurs when your body has low level of RBC by a defect in their production or destruction (Hinkle, J. L., et al., 2018). Mrs. LJS is anemic patient. In 09/2020 she was admitted at Carle hospital for anemia. She received 2 units of transfusion.
Hgb	11.3-15.2	5.1	7.6	Low. Anemia is reported as a low hemoglobin (Mayo Clinic 2020). Mrs. LJS has anemia.
Hct	33.2-45.3%	16.1	23.5	Low. Anemia is reported as a low

				hematocrit (Mayo Clinic 2020). Mrs. LJS has hemolytic anemia.
Platelets	**149-493 K**	**1677**	1128	**Elevated. An increase in platelets is observed Some underlying condition such as hemolytic anemia can cause elevated platelets level (Mayo Clinic, 2020). Mrs. LJS has anemia since 2020.**
WBC	**4-11.7 K**	**20.80 K**	**13.30 K**	**High. Autoimmune deficiency disease such as Osteoporosis can cause an elevated WBC level, and it can also be due to Liver impairment (Mayo Clinic, 2020). Mrs. LJS has Osteoporosis and Liver impairment.**
Neutrophils	**45.3-79**	**87.6**	**88.2**	**High. Patient has Osteoporosis and anemia. So, neutrophils are fighting to maintain hemostasis (Hinkle, J. L., et al., 2018).**
Lymphocytes	**11.8-45.9**	**4.1**	**5.2**	**Low. Iron deficiency can cause low lymphocytes (Hinkle, J. L., et al., 2018).**
Monocytes	**4.4-12.0**	**0.80**	**1.10**	**Low. Iron deficiency anemia and Osteoporosis can lower monocytes level (Hinkle, J. L., et al., 2018).**
Eosinophils	**0.0-6.3**	**0.30**	**0.10**	**Normal**
Bands	**0-500**	**N/A**	**N/A**	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	**135-145**	**139**	**141**	**Normal**
K+	**3.5-5.1**	**5.4**	**4.6**	**Normal**
Cl-	**98-107**	**105**	**106**	**Normal**
CO2	**22-29**	**24**	**24**	**Normal**
Glucose	**70-99**	**98**	**97**	**Normal**

BUN	**7-25**	**22**	**20**	**Elevated.**
Creatinine	**0.5-1.20**	**1.15**	**1.20**	**Normal**
Albumin	**3.5-5.7**	**3.2**	**3.0**	**Low. People with impaired hepatic function may have low concentrations of albumin (Hinkle, J. L., et al., p. 908, 2018).**
Calcium	**8.6-10.4**	**8.3**	**8.2**	**Low. Inadequate calcium due Osteoporosis and Liver Impairment (Hinkle, J. L., et al., 2018).**
Magnesium	**1.6-2.4**	**2.1**	**N/A**	**Normal**
Phosphate	**3.4-4.5**	**N/A**	**N/A**	
Bilirubin	**0.2-1.2**	**N/A**	**N/A**	
Alk Phos	**35-105**	**N/A**	**N/A**	
AST	**5-40**	**78**	**72**	**Elevated. Mrs. LJS has liver disease. This can elevate the liver enzymes (Hinkle, J. L., et al., 2018).**
ALT	**7-56**	**11**	**12**	**Normal**
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**60-160**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.0**	**1.3**	**N/A**	**Normal**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0.8-1.2**	**2.3**	**N/A**	**Elevated. Mrs. LJS has pass history of DVT. High INR shows higher risk of clot formation (Hinkle, J. L., et al., 2018).**

PT	**11.9-15**	**N/A**	**N/A**	
PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**<0.50**	**N/A**	**N/A**	
BNP	**<450**	**3868**	**N/A**	**It is elevated. Serum BNP levels become increased in patients with congestive heart failure (CHF), Novack, Madeline L. (2020). Mrs. LJS has CHF.**
HDL	**<50**	**N/A**	**N/A**	
LDL	**<100**	**N/A**	**N/A**	
Cholesterol	**125-200**	**N/A**	**N/A**	
Triglycerides	**<150**	**N/A**	**N/A**	
Hgb A1c	**<5.7**	**N/A**	**N/A**	
TSH	**0.5-5.0**	**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	**Pale-yellow, clear**	**N/A**	**Yellow/ Clear**	**Normal**
pH	**5.0-8.0**	**N/A**	**N/A**	
Specific Gravity	**1,003-1034**	**N/A**	**1013**	**Normal**
Glucose	**0-0.8**	**N/A**	**N/A**	
Protein	**Negative**	**Negative**	**Negative**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**<5**	**N/A**	**N/A**	
RBC	**0-3**	**N/A**	**N/A**	
Leukoesterase	**Negative**	**N/A**	**N/A**	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**Negative**	**N/A**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

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

Mayo Clinic. (2020, October 27). Thrombocytosis. Retrieved February 21, 2021, from https://www.stclair.org/services/mayo-clinic-health-information/diseases-and-conditions/CON-20378303/.

Novack, Madeline L. (2020) "Natriuretic Peptide B Type Test." ***StatPearls [Internet].*****, U.S. National Library of Medicine, www.ncbi.nlm.nih.gov/books/NBK556136/.**

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

At 02/16/2020, patient present in ER with complain of Dyspnea. The physician has ordered:

- **XR CHEST SINGLE VIEW PORTABLE**

  Lungs: there are hazy opacities of bilateral lungs bases.

Pleural: small bilateral pleural effusion. No pneumothorax. Chest wall unremarkable.

Impression: cardiomegaly and small bilateral pleural effusion. Bilateral air space opacities, right greater than left, differential includes pulmonary edema and infections/inflammatory etiologies.

- **CT ABDOMEN PELVIS W/CONTRAST**

  Mild motion artifact. Liver: normal size and homogenous parenchyma

  Gallbladder: no calcified gallstone. No bile duct dilatation. Spleen: Normal.

  Reproduction organs: no pelvic mass. Low chest: small to moderate bilateral pleural effusion. Incompletely visualized hallux atelectasis.

  Bones: no destructive lesion. Multilevel spondylosis.

  Chronic T10 and L1 compression fracture, prior Left Hip ORIF.

Diagnostic Test Correlation (5 points):

Pulmonary edema is an acute event that result from left ventricular failure. Pulmonary edema can develop slowly, especially when it is caused by noncardiac disorders such as the conditions that cause fluid overload. There is a decreased cerebral oxygenation, the patient can show a clinical manifestation such as increasingly restless, confused, and anxious. Tachypnea, noisy breathing, pale skin, cyanosis, cool hands, and feet. Patient needs to be in cardiac monitoring (Hinkle, J. L., et al. 2018). In admonition, Mrs. LJS has difficulty of breathing. She was very anxious and confused. She was also complaining of generalized body pain. The CT shows that small to moderate bilateral pleural effusion in the lungs. X-Ray of Chest shows includes pulmonary edema and infections/inflammatory etiologies.

This infection and inflammatory make that Mrs. LJS to have elevated WBC, Neutrophil, and BNP.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/ Generic	**Acetaminophen/ Tylenol** (Skidmore-Roth, L., 2018, p. 6-8).	**Apixaban/ Eliquis** (*Nurse's drug handbook*. 2020, p.77-78).	**Donepezil/ Aricept** (Skidmore-Roth, L., 2018, p. 322-324).	**Calcium Carbonate/Calcium gluconate** (Skidmore-Roth, L., 2018, p. 150-153).	**Levothyroxine/ Synchronal** (Skidmore-Roth, L., 2018, p. 587-588).
Dose	**650 mg**	**2.5 mg**	**5 mg**	**1.000 mg**	**88 mg**
Frequency	**Every 6 hr. PRN**	**b.i.d**	**Nightly**	**Every 8 hrs.**	**Once, before breakfast**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Analgesic**	**Anti coagulation**	**Anti-Alzheimer**	**Electrolyte replacement**	**Antidysrhythmic**
Mechanism of Action	**May block pain impulse peripherally that occur in response to inhibition of prostaglandin.**	**Inhibits free and clot-bound factor Xa and prothrombinase activity.**	**Elevates acetylcholine concentrations (cerebral cortex) by slowing degradation of acetylcholi**	**Affects secretory activity of endocrine, exocrine glands.**	**Increases electrical stimulation threshold of ventricle and His-Purkinje system, which stabilizes cardiac membrane**

			ne release in cholinergic neurons; does not alter underlying dementia.		**and decreases automaticity**
Reason Client Taking	**Mild to severe pain**	**Patient has a history of DVT, this medication decreases thrombus development.**	**Patient has mild dementia**	**Heartburn Indigestion**	**Patient has hypothyroidism for 20 years.**
Contraindications (2)	**Anemia Renal/ hepatic disease**	**Hepatic disorder Renal failure**	**GI bleeding, Hepatic disease**	**Digoxin toxicity Renal disease**	**Ischemia MI, alcohol intolerance**
Side Effects/ Adverse Reactions (2)	**GI bleeding Vomiting**	**Hemorrhagic stroke Rash**	**Atrial fibrillations Sinus Bradycardia.**	**Dysrhythmias, anorexia**	**Insomnia, Tremors**
Nursing Considerations (2)	**1.Monitor liver function: AST and ALT. 2.Chect I&O, a decreased may indicated renal failure**	**1.Assess pt. for symptoms of stroke. 2.Monitor platelet count**	**1. Monitor B/P, heart rate 2. Assess mental status, mood, behavioral changes, and depression.**	**1.Monitor Calcium level during Treatment. 2.Assess cardiac status**	**1.Monitor I/ O ratio every day. 2.Assess for increase nervousness and irritability.**

Hospital Medications (5 required)

Brand/Generic	**Ceftriaxone/ Rocephin** ***(****Nurse's drug handbook*. 2020, p. 214-216).	**Furosemide/ Lasix** (Skidmore-Roth, L., 2018, p. 455-457).	**Magnesium Hydroxide/ Milk of Magnesium** (Skidmore-Roth, L., 2018, p. 615-617).	**Morphine/ AVINza, Oramorph SR** (Skidmore-Roth, L., 2018, p. 684-691).	**Oxycodone / Roxicodone** (Skidmore-Roth, L., 2018, p. 756-758).
Dose	**1 g**	**20 mg**	**30 mL**	**2 mg**	**5 mg**
Frequency	**q 24 hrs.**	**b.i.d**	**PRN**	**q 2 Hr. PRN**	**Every 4 hrs. PRN**
Route	**IV**	**IV**	**Oral**	**IV**	**Oral**
Classification	**Antibiotic**	**Loop Diuretic**	**Antacid Electrolyte**	**Opioid analgesic**	**Opiate analgesic**
Mechanism of Action	**Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands. Without it, bacterial cells rupture and die.**	**Inhibits reabsorption of electrolyte sodium and chloride, causing excretion of sodium**	**Increases osmotic pressure draws fluid into colon, neutralizes HCl.**	**Inhibits reabsorption of electrolyte sodium and chloride, causing excretion of sodium**	**Inhibits ascending pain pathways in CNS, increases pain threshold, alters pain perception**
Reason Client Taking	**To low platelet level.**	**Patient has chronic hypertension.**	**During her staying time in the hospital, the patient has constipation due to Opioid**	**Patient has acute back pain and generalized muscles pain.**	**Moderate to severe pain**

			usage.		
Contraindications (2)	**Liver problems, severe renal impairment.**	**Anuria hypovolemia**	**Rectal bleeding, Myocardial damage.**	**Bronchial asthma, hypovolemic shock**	**Asthma, severe heart disease**
Side Effects/Adverse Reactions (2)	**Seizures, dyspnea, ecchymosis**	**Vertigo, diarrhea, anorexia**	**Vomiting, nausea**	**Constipation, tachycardia**	**Respiratory depression, bradycardia**
Nursing Considerations (2)	**1.Monitor BUN and serum creatinine levels. 2.Monitor patient for evidence of gallbladder disease (abdominal pain, nausea, vomiting).**	**1.Assess patient for tinnitus and hearing loss. 2./Monitor electrolytes: K, Cl-, Na, Mg, and BUN**	**1.Assess cramping, rectal bleeding, nausea. 2.Assess edema in feet, ankles, and legs.**	**1.Assess pain: location, type, and characteristic. 2.Monitor CNS changes: dizziness, drowsiness, euphoria, and pupil reaction.**	**1.Assess patient's pain. 2.Monitor I/O ratio; check for decreasing output; may indicate urinary retention.**

Medications Reference (1) (APA):

***Nurse's drug handbook* (9th ed.). (2020). Burlington, MA: Jones & Bartlett Learning.**

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Patient is alert and orient X3. She is showing the sign of fatigue, but no sign of distress, no fever.**
INTEGUMENTARY (2 points): **Skin color:** **Character:**	**White patient with pink skin color that appears clean, but dry with lose of elasticity due to age. The skin is warm in touch. Skin**

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**turgor is less than normal. Patient has gray color hair. Capillary refill < 2 sec. Difficult to check on Left great toe due to thick nail. Redness on both heels, no rashes, , no bruises, no skin tear or wound observed in the body. Telemetry patches in place.** **Braden Score = 12 (High risk)**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is in midline no deviation. No trachea deviation. No lymph node palpable, thyroid is not palpable. Carotid pulse is regular. Auricle pink without lesion, no drainage from hears bilaterally. PEERLA present. No drainage from eye bilaterally. Septum is Medline. Oral mucosa is pink and moist. No lesion noted in the mouth. Teethes are slightly yellowish and patient wears denture.**
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: Right and Left feet.**	.**Heart sounds are normal, regular rhythm, S1 and S2 are present, normal, and regular. No gallop or murmur. No carotid bruit noted. Radial pulse is regular and weak bilaterally 1+, pedal is faint due to edema on both feet. Patient is taking Lasix 20 mg IV to help to edema.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Patient is breathing normally at room temperature. No accessory muscle is using now. Anterior and posterior lung sound are auscultating for a full minute in 6 places in chest and 6 in the back of chest. Sounds are not clear. There are no crackles, but wheezing is heard in the lung bilaterally. Patient is not coughing and not complaining of difficulty of breathing currently.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:**	**Patient claimed that she eats regular food in the nursing home. In the hospital, patient is regular diet without any restriction. Last BM was yesterday after taking Milk Magnesium. She claimed that she is more constipated in the hospital compared to the nursing home because of lack of mobility and the use of opioids. Abdomen is flat. On palpation,**

Inspection: **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**abdomen is soft, no pain, no tenderness, no distention. No scar, no drainage, no wound observed in the abdomen. No ostomy, no nasogastric, no feeding tubes noted. Bower sounds are hypoactive in all 4 quadrants.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**Patient is incontinent for urination and bowel. She avoids once. It is difficult to assess the urine color because the patient does not have catheter in place and does not use the bathroom. No evidence of Urine infection, no odor. Patient does not complain to any pain during urination, no urge, and she is incontinent. No sign of genital infection, no dialysis. Urine output = 400 mL. when they insert catheter to get urine simple. And She wet the depend once this morning.**
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 ☐**	**Patient is oriented to own ability but with limitation; she is scared to stand up and go use the bathroom due to low back pain and fatigue. The upper and lower member are strong 3/4 bilaterally, but the patient required help for ADL. Patient uses wheelchair for transportation. She is one person assistance with pivot according to PT evaluation. But she never been up since she was admitted to the hospital due to pain. She needs help with grooming, toileting, and stand. She scared to stand up even with assistance. She is refusing. Patient is a moderate risk for Fall: 28.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	**Patient appears alert and orientee X3. MAEW is normal compared to her age. PERLA is present, she reacts in light and accommodation. Arm and leg strength are equally bilaterally, 4/4. Patient speaks English very well and clearly. Patient shows no sign of neurological deficit. Except tiredness.** **She knows her name, the place that she now, and she also know today day and date. But she**

LOC:	**is confused on time because there is no watch on her room that she can use to check for the time.**
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, she trusts Jesus as son of God. She lives in University Rehab Center, she participated in all activity group with other residents. They shared their believes and ideas. she is retired and widow. She gets social security and Medicare that pay her housing.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:10 am	**75**	**105/62**	**16**	**97.0**	**97**
.11:20 am	**77**	**112/65**	**16**	**97.6**	**97**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:45 am	**9/10**	**Low back**	**Severe**	**Shooting pain**	**Oxycodone 5 mg P.O has been giving to release pain.**
11:20 am	**1/10**	**Low back**	**moderate**	**Sharping pain**	**Patient sates that the pain is almost gone. She can tolerate because she took medication 2 hrs. ago.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	22 gauge Peripheral IV line-single lumen metacarpal v. 02/16/20221 Pushed without flushed without difficulty. No erythema and no drainage Dry ant intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
680	**400**

Nursing Care

Summary of Care (2 points)

Overview of care:

At 02/16/2021, 91 y/o female White Caucasian patient was sent to the ER from the nursing home. She was complaining of generalized body aching, confusion, and agitation. In admission, the Patient rates her pain 10/10. The provider requested her to have some la. Done. The result came up with abnormal platelet, Hg, Hct, RBC, WBC, NBP, and INR.

Procedures/testing done:

Chest X-R and CT scan showed small to moderate bilateral pleural effusion and cardiomegaly.

Complaints/Issues: Generalized Body pain and dyspnea

Vital signs (stable/unstable): All vital signs are stable. Except Acute pain that comes and goes. It has been controlling by medication. At 0945, patient rates her pain 9/10. After taking Oxycodone 5 mg P.O. At 1120, patient rates her pain 1/10.

Tolerating diet, activity, etc.:

Regular diet, activity intolerance due to generalized pain, mostly in lower back and fatigue. Patient rates her pain 9/10 at 09:45 am. After taking Oxycodone 5 mg P.O. At 11:20 am., patient rates her pain 1/10.

Physician notifications: Dr. Shakuntulla, Fnu MD

Future plans for patient: Patient will be discharge today. She is going back to the nursing home. She will be continuing to be monitoring for elevated platelet. Carle Lab. Will be gong to the nursing home to draw the blood weekly. In the hospital, patient has antibiotic treatment of Ceftriaxone 1 g IV decrease lungs infection and inflammation. She has a coming appointment with a primary doctor on March 15, 2021.

Discharge Planning (2 points)

Discharge location: University rehab center

Home health needs (if applicable): University Rehab Center

Equipment needs (if applicable): Wheelchair.

Follow up plan: patient will fallow with her primary physician on March 15, 2021. Respect lab. Test to be done weekly as request by the physician.

Education needs:

- **Mrs. LJS has iron deficiency anemia, so she needs to eat food rich in Iron such as red meat, spinach, beans, and seafood. This will help her to regulate her Hg, RBC, and Hct level.**

- **Mrs. LJS will participate to physical therapy three times a week to maintain mobility and to prevent new DVT.**

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

Nursing Diagnosis Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** How did the patient/family respond to the nurse's actions? Client response, status of goals and outcomes, modifications to plan.
1. Acute Pain **Phelps, L. L. (2020).**	**Related to lungs' infection and destruction of RBC as evidence patient was dyspneic and rates 9/10 generalized body pain.**	**1.Assess patient for signs and symptoms of pain using pain scale and administer pain medication as needed.** **2Apply heat or cold as order, to minimize or relieve pain**	**1.Met. Oxycodone 5 mg P.O has been admitted to the patient and her pain is decreased from 9/10 to 1/10.** **2.Met. Cold pack has been placed on the patient's back. Pain is reduced to 1/10**.
2. Impaired mobility **Phelps, L. L. (2020).**	**Related to bed rest for 4 days laying in the bed as evidence patient scared to stand up and be out of bed due to low back pain. Pain 9/10.**	**1.perform ROM exercises progressively from passive to active as tolerated to maintain mobility** **2.Help patient to move out of the bed, prevent complication associated with immobility, and promote self-care such the use of bathroom.**	**1.No met. Pt. states acute pain 9/10. After taking NORCO to release pain. The patient feels sleepy. She cannot do any exercises.** **2.Not met. Patient is very scared to leave the bed, to walk, and to go use the bathroom. Even to used bed side commode.**

3. Risk for infection **Vera, M. (2019)**	**Related to Iron deficiency as evidence low RBC, low Hg, low Hct, and High WBC. Patient chest X-R shows small pleural effusion bilaterally.**	**1. Client will have vital signs within the normal limit and will not show any signs of infections.** **2.Have patient to cough and deep breathe every 4 hrs. to help remove secretions and to release pulmonary complication.**	**1.Met. Patient VS are within normal limit, she does not have fever.** **2.No met. Patient is experiencing exaggerated fatigue. She still having wheezing in the lungs bilaterally.**

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Philadelphia: Wolters Kluwer.

Vera, M. (2019, April 11). Anemia nursing care plans. Retrieved February 21, 2021, from

https://nurseslabs.com/anemia-nursing-care-plans/

Concept Map (20 Points):

Subjective Data

Patient was sent from the surging to the ER with a complain of dyspnea and confusion. She states that she is feeling a pain all over her body that she never feels before. She rates her pain 10/10, shooting pain. More in lower back. That is not allow her to move.

Objective Data

Patient is alert and oriented X3. Her skin is clean and dry with less elasticity due to the age. There are no bruises, no wound noted. Redness noted in the hell bilaterally. Capillary refill < 2, except on both great toe due to thick nails. PEERLA present, no drainage from eyes or hears bilateral. Septum is Medline. Oral mucosa pink and moist. Head and neck are proportional. Tracheal is midline without deviation. Heart sound are normal with regular rhythm. S1 and S2 are present. No gallop in auscultation. Edema on both feet. There are wheezing in the lung bilaterally. Upper- and

Patient Information

At 02/16/2021, 91 y/o female White Caucasian patient was sent to the ER from the nursing home. She was complaining of generalized body aching, confusion, and agitation. In admission, the Patient rates her pain 10/10.

Nursing Diagnosis/Outcomes

1. Acute Pain related to lungs' infection and destruction of RBC as evidence patient was dyspneic and rates 9/10 generalized body pain.

Impaired mobility related to bed rest for 4 days laying in the bed as evidence patient scared to stand up and be out of bed due to low back pain. Pain 9/10.

Risk for infection related to Iron deficiency as evidence low RBC=12.58, low Hg=7.6, low Hct=23.5%, and High WBC=1330. Patient chest X-R shows small pleural effusion bilaterally.

Nursing Interventions

1.Assess patient for signs and symptoms of pain using pain scale and administer pain medication as needed.

2Apply heat or cold as order, to minimize or relieve pain

3.perform ROM exercises progressively from passive to active as tolerated to maintain mobility

4.Help patient to move out of the bed, prevent complication associated with immobility, and promote self-care such the use of bathroom.

5. Client will have vital signs within the normal limit and will not show any signs of infections.

6.Have patient to cough and deep breathe every