N441 Care Plan

Lakeview College of Nursing

Joey Runde

Demographics (3 points)

Date of Admission 2-18-2021	**Patient Initials** P.C	**Age** 62	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Dietician Supervisor	**Marital Status** Married	**Allergies** Codeine Reaction-unknown
Code Status Full Code	**Height** 5 feet 3 inches	**Weight** 117.4 kg	

Medical History (5 Points)

Past Medical History: Diverticulitis, pancreatitis, acute respiratory failure with hypoxia, atrial fibrillation with RVR's, flank pain, hypertensive urgency, hypokalemia, hypomagnesemia, hypophosphatemia, pneumonia, right upper lobe consolidation, at risk for infection, depression, hypertension, low back pain, morbid obesity, and sleep apnea

Past Surgical History: Colonoscopy with biopsy, total replacement of left knee joint, hysterectomy, colon resection, and bilateral tubal ligation

Family History: Mother- Diabetes Mellitus, Thyroid Disorder Father- Diabetes Mellitus

Social History (tobacco/alcohol/drugs): The patient has no history of using tobacco products, alcohol, or drugs.

Assistive Devices: The patient uses a gait belt as assistive device to help ambulate.

Living Situation: The patient currently lives at home with her spouse.

Education Level: The patients education level was not assessable due to her being under sedation and mechanical ventilation.

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of present Illness (10 points):

The patient arrived at the emergency department complaining of abdominal pain for the past couple of days. She states that her pain is located in her left lower quadrant, and it radiates to her left flank. P.C states along with the pain, she is experiencing some nausea and constipation. The patient states that her pain becomes worse with movement and that there were no factors that helped relieve her abdominal pain. P.C rated her pain as an eight, and for treatment for her pain, she received a Dilaudid dose.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diverticulitis of the sigmoid colon

Secondary Diagnosis (if applicable): Pancreatitis

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

P.C. arrived at the emergency department due to having some left lower quadrant pain. The patient ultimately received a diagnosis of diverticulitis. Diverticula form when the mucosal and the colon herniate through the muscular wall due to the pressure, the decrease in volume in the colon, and inadequate muscle strength in the colon wall (Hinkle & Cheever, 2018). When the patient's bowel passes through the colon, they can accumulate in the diverticulum and decompose, which ultimately causes inflammation and infection (Hinkle & Cheever, 2018). The inflammation and infection are called diverticulitis (Hinkle & Cheever, 2018).

Along with that, the diverticulum can become obstructed, and that could cause inflammation (Hinkle & Cheever, 2018). With the inflammation, the colon wall becomes very weak and could perforate (Hinkle & Cheever, 2018). The perforation gives rise to the colon's irritability and spasticity (Hinkle & Cheever, 2018). Along with the colon's perforation, the patient can also develop an abscess. (Hinkle & Cheever, 2018). The spots can ultimately perforate and lead to peritonitis and erosion of the arterial blood vessels causing bleeding (Hinkle

& Cheever, 2018). When patients develop diverticulitis, symptoms appear like a fever (Holman et al., 2019). Also, the patient heart will begin to work faster, causing tachycardia (Holman et al., 2019). Along with that, the patient could start breathing faster due to the infection taking place in the body (Holman et al., 2019).

When a patient has diverticulitis, they will experience many signs and symptoms. A patient will experience signs such as a fever, chills, distended abdomen, leukocytosis, constipation, and left lower quadrant pain (Hinkle & Cheever, 2018). Along with that, they might show signs of bleeding, peritonitis, abscess formation, fistula formation, and signs of intestinal obstruction (Hinkle & Cheever, 2018). A patient will also see a change in their vital symptoms such as tachycardia, increased respirations, and a fever (Holman et al., 2019). Some of their lab values will show changes such as an increase in ESR, an increase in WBC, a decrease in hemoglobin, and a reduction in hematocrit (Holman et al., 2019). Some of the diagnostic tests that confirm diverticulitis are a colonoscopy or a C.T. scan (Hinkle & Cheever, 2018).

P.C. showed a lot of signs of diverticulitis. She had severe pain in the left lower quadrant, nausea, and some constipation. Also, the tests and a lot of her lab's help confirmed her diagnosis of diverticulitis. She received a C.T. scan when she arrived in the emergency room and showed inflammation of the sigmoid colon. Along with that, she had elevated white blood cells because of the inflammation occurring in her colon. The patient's treatment consisted of decreasing her pain with Dilaudid and having a colon resection to eliminate the inflamed colon.

Pathophysiology References (2) (APA):

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

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). *RN nursing care of children review module* (11th ed.). Assessment Technologies Institute, LLC.

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	3.8-5.41	4.99	4.41	Lab was normal
Hgb	11.3-15.2	13.3	11.4	Lab was normal
Hct	33.2-45.3	39.6	35.6	Lab was normal
Platelets	149-453	338	379	Lab was normal
WBC	4-11.7	9.1	14.7	P.C has an increase in her white blood cells due to having diverticulitis and pancreatitis (Hinkle and Cheever, 2018).
Neutrophils	1.54-7.04	6.1	12.4	The patient has an increase in her neutrophils due to having pancreatitis and diverticulitis (Hinkle & Cheever, 2018).
Lymphocytes	1-4.8	1.1	4.9	The patient has an increase in lymphocytes due to having diverticulitis and pancreatitis (Hinkle & Cheever, 2018).
Monocytes	2-8	11.5	10.7	P.C has an increase in monocytes due to having diverticulitis and pancreatitis (Hinkle & Cheever, 2018).
Eosinophils	0-6.3	7.9	3.2	P.C. has an increase in eosinophils due to having diverticulitis and pancreatitis (Hinkle & Cheever, 2018).
Bands	<1	N/A	N/A	Lab was normal

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	138	137	Lab was normal
K+	3.5-5.1	3.3	3.6	The patient likely has a decrease in her potassium due to the inadequate intake of food due to her inflamed bowel (Hinkle & Cheever, 2018).
Cl-	98-107	106	100	Lab was normal
CO2	22-29	28	23	Lab was normal
Glucose	70-99	128	114	The patient has an increase in her glucose due to having pancreatitis (Hinkle & Cheever, 2018).
BUN	6-20	16	6	Lab was normal
Creatinine	0.5-0.9	0.77	0.42	P.C has a decrease in her creatinine due to being NPO and having an inadequate diet (Stephens, 2017).
Albumin	3.5-5.2	3.7	N/A	Lab was normal
Calcium	8.6-10.4	9.3	7.8	The patient has a decrease in her calcium due to having pancreatitis (Hinkle & Cheever, 2018).
Mag	1.6-2.4	N/A	1.5	The patient has low magnesium levels due to having pancreatitis (Holman et al., 2019).
Phosphate	2.5-4.5	N/A	2.2	P.C has low phosphate levels due to having low magnesium and potassium levels due to the increasing urinary loss of the electrolytes (Hinkle & Cheever, 2018).
Bilirubin	0-1.2	0.5	N/A	Lab was normal
Alk Phos	35-105	88	N/A	Lab was normal
AST	0-32	16	N/A	Lab was normal

ALT	0-33	9	N/A	Lab was normal
Amylase	30-110	N/A	N/A	Lab was normal
Lipase	12-70	205	32	The patient has an increase in her lipase levels due to having pancreatitis (Hinkle & Cheever, 2018).
Lactic Acid	0.5-2.4	N/A	0.7	Lab was normal
Troponin	0-0.4	N/A	<0.01	Lab was normal
CK-MB	0-4.9	N/A	2.46	Lab was normal
Total CK	22-198	N/A	77	Lab was 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	0.86-1.14	N/A	1.2	The patient has an increase in her INR due to the loss of blood from just having surgery (Hinkle & Cheever, 2018).
PT	11.9-15	N/A	15.6	P.C has an increase in her PT levels due to losing blood from the surgery she just had (Hinkle & Cheever, 2018).
PTT	25-40	N/A	32	Lab was normal
D-Dimer	<500	N/A	N/A	Lab was normal
BNP	<125	N/A	N/A	Lab was normal
HDL	40-80	24	N/A	The patient likely has a low level of HDL due to having a poor diet and being overweight (Hinkle & Cheever, 2018).
LDL	85-125	85	N/A	Lab was normal
Cholesterol	<170	97	N/A	Lab was normal

Triglycerides	50-150	59	N/A	Lab was normal
Hgb A1c	<6%	N/A	N/A	Lab was normal
TSH	0.5-5	N/A	N/A	Lab was normal

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	Yellow/ Cloudy	Light Yellow/ Clear	The patient has cloudy urine due to the infection in her urine culture (Hinkle & Cheever, 2018).
pH	5-8	6	5.5	Lab was normal
Specific Gravity	1.005-1.034	1.037	1.015	The patient has an elevated specific gravity due to being dehydrated (Hinkle & Cheever, 2018).
Glucose	Normal	Normal	Normal	Lab was normal
Protein	Negative, Normal	1+	Trace	The patient has proteinuria due to being dehydrated (Mayo Clinic, 2020).
Ketones	Negative	1+	4+	The patient has high ketones in her urine due to the body breaking down fat for energy instead of carbohydrates (MedlinePlus, 2020).
WBC	<5	10	1	P.C has an increase in white blood cells due to having a positive infection in her urine culture (Hinkle & Cheever, 2018).
RBC	0-3	>100	1	The patient has an increase in red blood cells in her urine due to the infection in her urinary system (Holman et al., 2019).
Leukoesterase	Negative	3+	Negative	P.C has an increase in leukoesterase due to having a positive infection in her urine culture (Hinkle & Cheever, 2018).

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35-7.45	N/A	7.32	P.C has a low HCO3 due to being a metabolic acidosis state from having pancreatitis and having lung problems from the sedation (Holman et al., 2019).
PaO2	80-100	N/A	150	The patient is experiencing hyperoxemia due to receiving a increasing amount of oxygen from being mechanically ventilated (Hamilton Medical, 2017).
PaCO2	35-45	N/A	40.4	Lab was normal
HCO3	22-26	N/A	20.1	The patient has a low HCO3 due to being a metabolic acidosis state from having pancreatitis and having lung problems from the sedation (Holman et al., 2019).
SaO2	95-100	N/A	98.9	Lab was normal

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	<10000	N/A	The patient had a positive urine culture due to having an infection in her urinary tract (Hinkle & Cheever, 2018).
Blood Culture	Negative	Negative	N/A	Lab was normal
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (APA):

Hamilton Medical. (2017). *Hyperoxemia in the ICU.* https://www.hamilton-medical.com/en_US/News/Newsletter-articles/Article~2017-07-05~Hyperoxemia-in-the-ICU~293a5ca6-45d5-41e6-a469-fa90f9f3c6df~.html

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

Holman, H.C., Williams, D., Sommer, S., Johnson, J., Wheless, L., Wilford, K., & McMichael, M. G. (2019). *RN nursing care of children review module* (11th ed.). Assessment Technologies Institute, LLC.

Mayo Clinic. (2020). *Protein in urine.* *https://www.mayoclinic.org/symptoms/protein-in-urine/basics/causes/sym-20050656*

MedlinePlus. (2020). *Ketones in urine.* https://medlineplus.gov/lab-tests/ketones-in-urine/#:~:text=If%20your%20cells%20don't,a%20coma%20or%20even%20death.

Stephens, C. (2017). *All you need to know about low creatinine levels.* *https://www.medicalnewstoday.com/articles/319892#_noHeaderPrefixedContent*

Van Leeuwen, A. M., & Bladh, M. L. (2017). *Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications* (7 ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

The patient received a CT of her abdomen and pelvis due to the pain in her abdomen and her left flank.

Diagnostic Test Correlation (5 points):

An abdominal CT scan with a contrast agent is a critical diagnostic test that confirms diverticulitis (Hinkle & Cheever, 2018). Along with that, it can show if there is any perforation or abscess on the colon (Hinkle & Cheever, 2018). P.C. CT scan showed moderate inflammation of the sigmoid colon with a lot of diverticula inflammation. Along with that; the CT scan revealed a lot of lymph nodes.

Diagnostic Test Reference (APA):

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

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

Home Medications (5 required)

Brand/Generic	Elavil/ amitriptyline	Lotensin/ benazepril	Celexa/ citalopram	Neurontin/ gabapentin	Prilosec/ omeprazole
Dose	10 mg	20 mg	20 mg	300 mg	20 mg
Frequency	1 tablet daily	1 tablet daily	1 tablet daily	1 capsule daily	1 capsule daily
Route	PO	PO	PO	PO	PO
Classification	Tricyclic antidepressants	ACE Inhibitor	SSRIs	Gamma-Aminobutyric Acid Structural Analogs	Proton Pump Inhibitor
Mechanism of Action	Blocks the reuptake of	Reduces blood pressure by	Blocks the reabsorption of	Gabapentin inhibits postsynaptic	Binds irreversibly to the gastric proton

	norepinephrine and serotonin at the presynaptic nerve endings, increasing both neurotransmitters.	affecting the renin-angiotensin-aldosterone system to prevent the conversion of angiotensin I to angiotensin II.	the neurotransmitter serotonin in the brain.	responses and block post tetanic potentiation.	pump to prevent the pumping or the release of gastric acid from the parietal cells into the stomach lumen.
Reason Client Taking	Depression	Hypertension	Depression	Neurologic Pain	GERD
Contraindications (2)	1.Post-acute-myocardial infarction 2.MAO inhibitor therapy within 14 days.	1.History of angioedema 2.Concurrent therapy with a neprilysin	1.The use of thioridazine with citalopram 2.Congental long QT syndrome	1.Hypersensitivity to gabapentin 2.Depression	1.Hypersensitivity to omeprazole 2.Concurrant therapy with rilpivirine containing products
Side Effects/Adverse Reactions (2)	1.Sedation 2.Orthostatic hypotension	1.Anxiety 2.Hypotension	1.Nausea 2.Insomnia	1.Hypertension 2.Abdominal Pain	1.Bronchospasm 2.Chest pain
Nursing Considerations (2)	1.Stay alert for behavior changes, such as hallucinations. 2.Avoid abrupt withdrawal from amitriptyline after long use to decrease adverse effects.	1.Monitor the patients liver enzymes to make sure there is no liver dysfunction. 2.Be alert for angioedema and watch for swelling to the larynx.	1. Monitor the patient for possible serotonin syndrome. 2.Reduce the drug gradually if not needed to decrease adverse effects.	1.Administer the initial dose of gabapentin at night to minimize the adverse effects. 2.Give drug at least two hours after an antacid.	1. Give omeprazole before meals 2.Long term use of omeprazole can cause gastric carcinoma
Key Nursing Assessment(s) Prior to Administration	1.Monitor the patient blood pressure for hypertension or hypotension. 2.Assess the patient for suicidal tendencies	1.Monitor the patient's blood pressure before giving benazepril. 2.Assess the patients urine output, BUN, and creatinine levels.	1.Monitor the patient with an ECG to detect for a possible prolonged QT interval. 2. Assess the patient for suicidal tendencies.	1.Assess the patient's renal function 2.Monitor the patient gabapentin blood levels	1.Assess the patients urine output due to omeprazole causing acute interstitial nephritis 2.Monitor the patient for hypomagnesemia
Client Teaching	1.Avoid using	1.Teach the	1.Teach the	1.Teach the patient	1.Advise the patient

needs (2)	alcohol while on amitriptyline therapy due to the increase of CNS effects 2.Avoid smoking due to the decrease amitriptyline effects.	patients effectively how to monitor their blood pressure. 2.Teach the patient that a dry cough is a common side effect.	patient that citalopram full effects can take up to four weeks. 2.Teach the patient not to stop citalopram abruptly.	that adverse effects are mild to moderate and decrease overtime. 2.Do not stop the drug abruptly.	to notify the provider if they are experiencing abdominal pain or diarrhea. 2.Tell the patient to take the drug before eating breakfast.

Hospital Medications (5 required)

Brand/Generic	Hepalean/ heparin	Protonix/ pantoprazole	K-Lor/ potassium chloride	Primaxin /imipenem-cilastatin	Vancocin/ vancomycin
Dose	5000 units	40 mg/ 10 mL	40 meq	500 mg/ 10 mL	1250 mg/ 250 mL
Frequency	Every 12 hours	Once daily	2 tabs daily	Every 6 hours	Every 12 hours
Route	Subcutaneous	IV Push	PO	IV Piggy Back	IV Piggy Back
Classification	Anticoagulant	Proton Pump Inhibitor	Electrolyte Replacement	Carbapenems	Antibiotic
Mechanism of Action	Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin and factors Xa and XIa.	Binds irreversibly to the gastric proton pump to prevent the pumping or the release of gastric acid from the parietal cells into the stomach lumen.	Acts as a major cation in the intracellular fluid, activating many enzymatic reactions that are essential for physiologic processes.	Imipenem inhibits cell wall synthesis by binding with penicillin-binding proteins.	Inhibits bacterial RNA and cell wall synthesis; alters permeability of bacterial membranes, causing cell wall lysis and cell death.
Reason Client Taking	To treat prophylaxis for clots	GERD	Electrolyte Replacement-Hypokalemia	Postop Surgery	Postop surgery
Contraindications (2)	1.Thrombocytopenia 2.Bleeding	1.Hypersensitivity to pantoprazole 2.Concurrant therapy with	1.Acute dehydration 2.Hyperkalemia	1.Seizures 2.Renal Impairment	1.Hypersensitivity to corn 2.Hypersensitivity to vancomycin

		rilpivirine containing products			and its components
Side Effects/Adverse Reactions (2)	1.Bleeding 2.Petechiae	1.Dyspnea 2.Increased cough	1.Bloody Stools 2.Vomiting	1.Neurotoxicity 2. Seizures	1.Hypotension 2.Dyspnea
Nursing Considerations (2)	1.Administer subcutaneous heparin into the anterior abdominal wall 2 inches away from the umbilicus. 2.Women over the age of 60 are at an increase chance of bleeding.	1.Flush IV line with normal saline solution before and after giving pantoprazole. 2.Proton pump inhibitors such as pantoprazole should not be given to the patient longer than necessary.	1.Monitor the patients urine output during administration. 2. Monitor the patients creatinine levels during administration.	1.Monitor the patient symptoms of clostridium difficile. 2.Monitor the patients urine output while on this antibiotic.	1.Expect to monitor vancomycin blood trough levels to make sure they are in range. 2.Monitor the patient closely for diarrhea due to the increase chance for clostridium difficile.
Key Nursing Assessment(s) Prior to Administration	1.Monitor the patient for bleeding. 2.Monitor the patients coagulation labs.	1.Monitor the patients labs for hypomagnesemia. 2.Monitor and assess the patient for vitamin B12 deficiency.	1. Assess the patient for signs of hypokalemia such as arrhythmias, fatigue, and weakness. 2. Monitor the patients potassium lab levels.	1.Monitor the patients BUN level. 2.Monitor the patients creatinine level.	1.Monitor the patients CBC results. 2.Monitor the patients BUN and creatinine levels before administering.
Client Teaching needs (2)	1.Advise the patient to use a soft-bristled tooth brush. 2.Adivse the patient to avoid the use of NSAIDs due to the increase of bleeding.	1.Teach the patient that she can expect a relief of symptoms in about two weeks. 2.Advise the patient to notify medical personnel if she starts to see hematuria.	1.Teach the patient where she can consume potassium in her diet. 2.Teach the patient how to take her pulse and to report any rhythm changes to her provider immediately.	1.Teach the patient of the adverse effects and to notify the provider if they become too severe. 2.Advise the patient to monitor their urine output and for symptoms such as jaundice.	1.Advise the patient to monitor for diarrhea and to notify the provider if diarrhea occurs. 2.Teach the patient to complete the full course of the antibiotic.

Medications Reference (APA):

Frandsen, Geralyn. (2020). *Abrams clinical drug therapy: Rationales for nursing practice*. S.l.: Wolters Kluwer Medical.

Jones & Bartlett Learning. (2019). *Nurses drug handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	P.C was A & O x 0 due to being sedated and mechanically ventilated. The patient was very relaxed and not under any stress. Her overall appearance looked well.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type:**	The patients skin color was normal for ethnicity. Her skin was warm, intact, dry, and elastic. Also, the patients skin returned when it was pulled on. P.C did not have any rashes or bruises on her skin. She did have a wound on and a vacuum drain on her abdomen due to just having abdominal surgery. P.C braden score was a 9.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patients head was normocephalic with no abnormal lesions or masses. P.C did not have any tracheal deviation. Along with that the patient ears and nose were intact with no apparent drainage. Also, P.C teeth were intact and her mucosa was pink and moist. The patient's eyes showed PEERLA bilaterally. .

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:**	The patients S1 and S2 sounds were heard when auscultated. There was no murmur or gallops heard. The patient was in normal sinus rhythm during her care and her capillary refill was under three seconds. The patient bilateral radial and bilateral pedal pulses were graded at +3. Along with that the patient showed no signs of neck vein distention or edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube:** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	The patient's lung sounds were clear when auscultated anteriorly. There were no signs of crackles heard. The patient was very relaxed and was not using accessory muscles due to being ventilated. P. C's ET tube size was 7.5 and the placement was at 21cm. Her respiration rate was 17, her FiO2 was 50, her total volume was 500 mL, and her PEEP was 8. VAP prevention measure were performed by washing hands, performing oral care, and suctioning the patient through the ventilator.
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:**	The patient was on a regular diet at home and she is now NPO due to being sedated. Her currant height is 5 feet and 3 inches and she weighs 117.4 kg. The patient bowel sounds were absent in every quadrant except the right upper quadrant. Her bowel sound was active in the right upper quadrant. The patient did not have any masses on her stomach. She did have some pain due to just having abdominal surgery. The patient did no have any distention or scars on her abdomen. P.C did have an incision, a drain, and a wound due to the colon resection she just had. Along with that the patient did not have an ostomy or a nasogastric tube. P.C did have an OG tube.
GENITOURINARY (2 Points): **Color:** **Character:**	The patient's urine was light yellow and clear. She has voided at an adequate amount and the pain with urination could not be assessed due to

Quantity of urine: **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** **Size:** **CAUTI prevention measures:**	the patient being sedated. The patient does not do dialysis and she does have a foley catheter. The foley catheter was a size 12 and the patient received catheter care. Her catheter and genitals were cleaned correctly.
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** ☐	The patient showed no signs of discoloration on any of her limbs. Her sensory and strength could not be assessed due to being sedated and she does not use any supportive devices right now. The patient does need help with ADL's due to her being sedated. Along with she is fall risk and her fall score is a 70. The patient has no activity level, is not independent, can not use equipment, and can't stand or walk due to being sedated.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient's neuro status could not be assessed fully due to the patient being sedated and mechanically ventilated. She is A & O x 0 and she is unconscious. Her pupils did show PERLA bilaterally.
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):**	The patient is coping with her ventilation by taking propofol. Her developmental level and her current religion could not be assessed due to being sedated. Also, P.C lives at her home with her husband.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	66 BPM	107/49	17 BPM	36.0 ℃	98 % on 50 %

		mmHg			of FiO2
1145	68 BPM	110/55 mmHg	16 BPM	36.1 ℃	97 % on 50 % of FiO2

Vital Sign Trends/Correlation:

All of P. C's vital signs were within normal limits at 0730 and at 1145.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	Behavioral Pain Scale	N/A	3	Relaxed, no movement, and tolerating ventilation	propofol
1145	Behavioral Pain Scale	N/A	3	Relaxed, no movement, and tolerating ventilation	propofol

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 gauge **Location of IV:** R. Hand **Date on IV:** 2/21/2020 **Patency of IV:** No signs of phlebitis or infiltration **Signs of erythema, drainage, etc.:** The IV did not contain any signs of drainage or erythema. **IV dressing assessment:** IV site is clean, dry, and intact.	NaCl- 1000 mL/hr given as an IV bolus Vancomycin- 1250 mg/ 250 mL given IV piggyback every 12 hours Imipenem-cilstatin- 500/10 mL given IV piggyback every 6 hours
Other Lines (PICC, Port, central line, etc.)	
Type: Two IV's **Size:** Both 20 gauges **Location:** R. Wrist & L. Wrist	Fentanyl- 1250 mg given IV drip with 250 mL of NaCl at 25 mcg/hr

Date of insertion: 2/21/2020 **Patency:** No signs of phlebitis or infiltration **Signs of erythema, drainage, etc.:** The IV did not contain any signs of drainage or erythema. **Dressing assessment:** IV site is clean, dry, and intact. **Date on dressing:** 2/21/2020 **CUROS caps in place: Y ☐ N ☐** No curo caps for the IV needed **CLABSI prevention measures:** The patient did not have a central line.	Propofol- 1000 mg given IV drip with titrated 100 mL of NaCl at 5mcg/kg/min

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
3938 mL	2800 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was first assessed around 0930. I was able to perform ventilator care on the patient. I was also able to suction the patient through the ventilator, perform oral care, do foley catheter care, and administer the patient's medications through an IV and an OG tube. Lastly, at 1145 I assessed the patient, performed oral care again on the patient, and suctioned again through the ET tube.

Procedures/testing done: During my care with the patient, she received an echocardiogram.

Complaints/Issues: The patient was not able to express any complaints due to being under sedation and mechanically ventilated.

Vital signs (stable/unstable): The patients vital signs were overall stable through my care with her. Her blood pressure and respirations at times did exceed over normal levels due to the agitation from the oral care and suctioning.

Tolerating diet, activity, etc.: The patient is currently NPO and she was tolerating it well. The patient was also very relaxed and was tolerating the ventilation well.

Physician notifications: The physician did not give any notifications during my shift.

Future plans for patient: The future plans for P.C are to get her back into surgery for her colon resection, to gradually wean her off the vent, and to eventually get her sent back home.

Discharge Planning (2 points)

Discharge location: The patient will likely be getting discharged back to her home with her husband.

Home health needs (if applicable): The patient will likely be sent home with medications for her pain and antibiotics to decrease the chances of infection. Along with that she will need to be limited to minimal activity. P.C will also need home health for a little bit of time.

Equipment needs (if applicable): P.C will likely need a wheelchair, walker, and possibly an order for oxygen.

Follow up plan: The patient will need to follow up with her primary care provider after being discharged and she will likely need a referral for physical therapy.

Education needs: When the patient is no longer on the vent, she will likely need to be educated on how she needs to rest and to be on minimal activity due to her colon resection. Along with that, she will need to be educated on the diet she can consume.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation

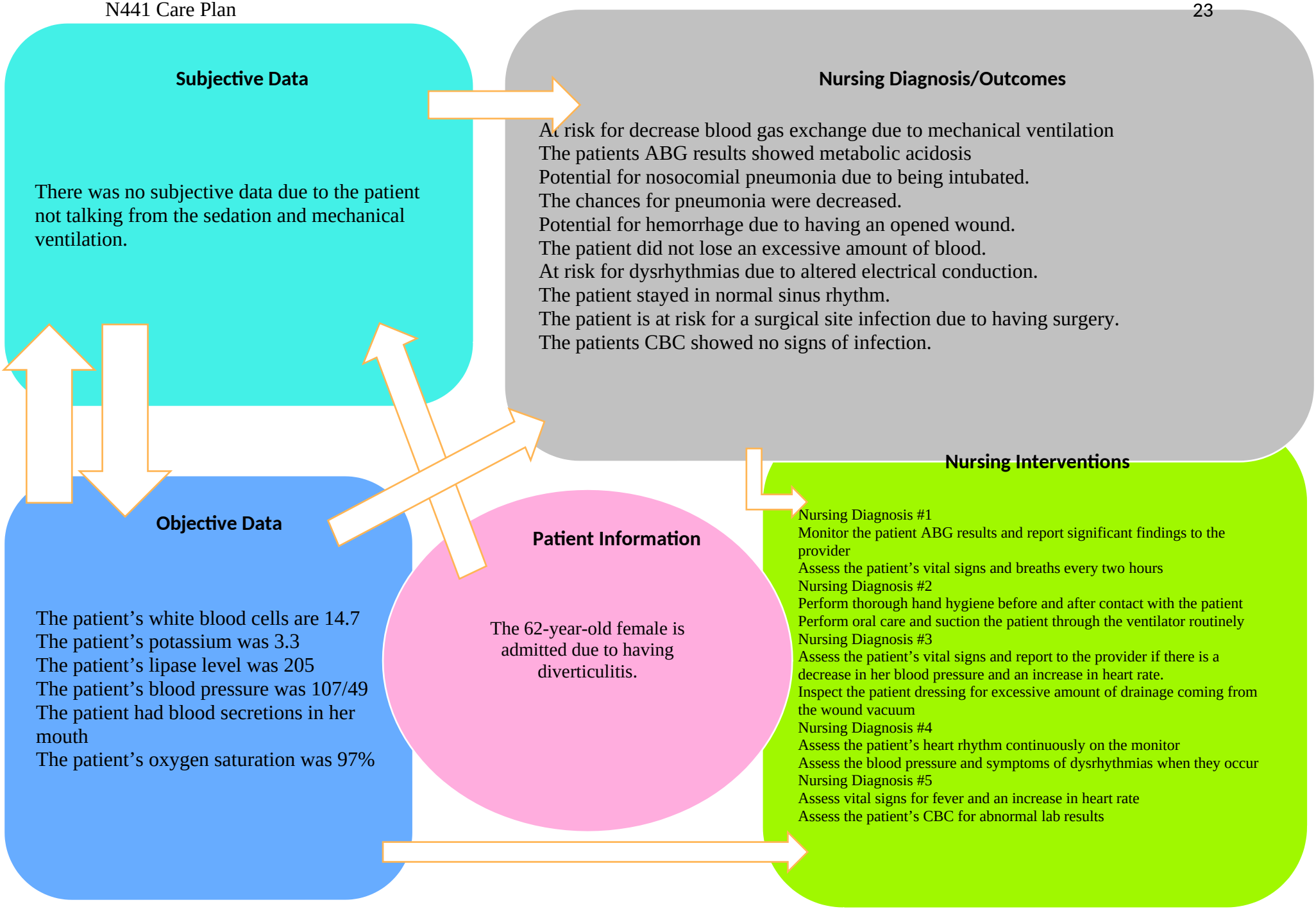
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. At risk for decreased blood gas exchange related to mechanical ventilation and as evidence by the client being in the metabolic acidosis state.	The client is in metabolic acidosis.	1.Monitor the patient ABG results routinely and report significant findings to the provider. 2.Assess the patients vital signs and breath sounds every two hours.	1.The patients ABG results showed that she was in metabolic acidosis. 2.P. C's vital signs were all in range and her breath sounds were clear.
2. Potential for nosocomial pneumonia related to being intubated and as evidenced by the client having an ET tube.	Risk for ventilatory associated pneumonia	1. Perform thorough hand hygiene before and after contact with the patient. 2.Perform oral care and suction the patient through ventilator routinely.	1.Hand hygiene was performed every time and the risk for pneumonia was decreased. 2.The patient had oral care and suctioning done on her every two hours.
3. Potential for hemorrhage related to having an open wound and as evidenced by the excessive drainage coming from the wound vacuum.	Potential for hemorrhage after surgery	1.Assess the patients vital signs and report to the provider if there is a decrease in her blood pressure and an increase in heart rate. 2.Inspect the patient dressing for an excessive amount of drainage coming from the wound vacuum.	1.The patients vital signs stayed stable during her care. 2.The patient did not lose an excessive amount of blood during the care.
4. At risk for dysrhythmias related to altered electrical conduction and as evidenced by the client going into atrial fibrillation when she had surgery.	Risk for atrial fibrillation	1.Assess the patient's heart rhythm continuously on the monitor. 2. Assess the blood pressure and symptoms of the dysrhythmias when they occur	1.The patient ECG was monitored constantly and she sustained a normal sinus rhythm. 2.The patient never went into atrial fibrillation or other dysrhythmias during the care.

5. The patient at risk for a surgical site infection related to having surgery last night and as evidenced by the opened wound.	Open surgical wound	1.Assess vital signs for fever and an increase in heart rate. 2.Assess the patient CBC for abnormal lab results.	1. The patient vital signs were stable and showed no signs of infection. 2.The patients CBC showed no signs of infection from the surgical wound.

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.

Concept Map (20 Points):


Subjective Data
There was no subjective data due to the patient not talking from the sedation and mechanical ventilation.
Nursing Diagnosis/Outcomes
At risk for decrease blood gas exchange due to mechanical ventilation
The patients ABG results showed metabolic acidosis
Potential for nosocomial pneumonia due to being intubated.
The chances for pneumonia were decreased.
Potential for hemorrhage due to having an opened wound.
The patient did not lose an excessive amount of blood.
At risk for dysrhythmias due to altered electrical conduction.
The patient stayed in normal sinus rhythm.
The patient is at risk for a surgical site infection due to having surgery.
The patients CBC showed no signs of infection.
Objective Data
The patient's white blood cells are 14.7
The patient's potassium was 3.3
The patient's lipase level was 205
The patient's blood pressure was 107/49
The patient had blood secretions in her mouth
The patient's oxygen saturation was 97%
Patient Information
The 62-year-old female is admitted due to having diverticulitis.
Nursing Interventions
Nursing Diagnosis #1
Monitor the patient ABG results and report significant findings to the provider
Assess the patient's vital signs and breaths every two hours
Nursing Diagnosis #2
Perform thorough hand hygiene before and after contact with the patient
Perform oral care and suction the patient through the ventilator routinely
Nursing Diagnosis #3
Assess the patient's vital signs and report to the provider if there is a decrease in her blood pressure and an increase in heart rate.
Inspect the patient dressing for excessive amount of drainage coming from the wound vacuum
Nursing Diagnosis #4
Assess the patient's heart rhythm continuously on the monitor
Assess the blood pressure and symptoms of dysrhythmias when they occur
Nursing Diagnosis #5
Assess vital signs for fever and an increase in heart rate
Assess the patient's CBC for abnormal lab results