N311 Care Plan # 1

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
08-31-2020	D.G.	87	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	retired	widowed	Ciproflaxin, Morphine, Prednisone, Tramadol, Lasix, Xeljanz, Penicillin
Code Status	**Height**	**Weight**	
Full Code exception DNR with Covid only- Comfort measures	64”	101	

Medical History (5 Points)

Past Medical History: Degenerative Disc, Diverticular Disease, Hiatal Hernia, History of Transient Ischemic Attack, Gastroesophageal Reflux, L4 compression fracture, long term immunosuppressant medication, lung nodule, Mitral Valve stenosis/regurgitation, osteoporosis, personal history of steroid therapy, Seropositive Rheumatoid Arthritis of multiple sites, Thyroid Enlargement, Vitamin D deficiency

Past Surgical History: Colon Resection, Colonoscopy, Eye Surgery: Phacoemulsification of Cataract left eye, appendectomy, tonsillectomy, tooth extractions, upper gastrointestinal endoscopy.

Family History:

Diabetes- sister

Cancer- sister: breast cancer

Rheumatoid arthritis- sister

Social History (tobacco/alcohol/drugs):Former smoker as of 1-1-1953 67.3 years/1 glass wine a week / no history of drug abuse reported

Admission Assessment

Chief Complaint (2 points): Eye Pain Left Eye

History of present Illness (10 points): Patient complains of pain in left eye. Pain has been ongoing for about a year. Patient states "pain comes and goes" and rates todays pain 6 out of 10. Patient indicates, "Vision is blurry out of eye and makes it difficult to read and do word search at times." Patient states that, "eyedrops help with the pain" Patient recently visited eye doctor on Feb 22 and was prescribed an eye drop four times a day. Patient will follow-up with doctor on March 21, 2021. Patient indicated "remaining at long term care facility until that time." Patient indicated that, "provider thought it would be a good idea for her to stay while she is needing care for her eye issue."

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Corneal Ulcer

Secondary Diagnosis (if applicable):n/a

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

Corneal Ulcer

A corneal ulcer is a defect in the corneal epithelial lining. Characteristics of corneal ulcers are pain, photosensitivity, blurry or distorted vision, reddened conjunctiva or reddened eyelids from irritation. Inflammation can be caused from bacteria, fungi, certain viruses such as *acanthamoeba.* (Roat, 2020)

Eye abrasion or damage from overuse of wearing contact lenses or contaminated water or solution can also cause corneal ulcers. It is important to make sure properly care for all eye related devices to prevent introducing contaminates to the eye. Excessive rubbing can also cause introduction of bacteria or others to the eye. Prevention and self-care are important to prevent eye damage or introduction of foreign material to the eye.

A useful diagnostic test to identify corneal ulcers is the slit-lamp. The slit-lamp can identify corneal abrasions, foreign bodies, and can identify if scleral edema is present. (Khazaeni, 2019) Other important finds would involve taking a small scraping of the ulcer to test the pathology to determine the source. It could be bacterial, fungal, viral, etc. It is important to understand what is causing the ulcer in order to treat it properly.

Once the source of the ulcer is identified, treatment can begin. The patient should avoid rubbing the eye. They should avoid wearing a patch over the eye. If the source is bacteria patching may harbor and increase the spread of bacteria as they will thrive in a warm and moist environment. The provider may prescribe eye drops that will need to be applied several times a day. They may also prescribe a broad-spectrum antibiotic along with the drops to remedy and/or resolve and active infection. (Roat, 2020)

This patient had seen an eye doctor on Feb 22nd, It is unknown for the specific tests that they performed to identify the corneal ulcer. The patient was prescribed an eye drop to instill in both eyes 4 times a day. In addition, the patient is taking an antibiotic. She will follow-up with provider in a month to determine next course of action/progress on healing.

Pathophysiology References (2) (APA):

Khazaeni, L. M. (2019). *Evaluation of the Opthalmologic Patient*. Retrieved from MDS Profession Edition: https://www.msdmanuals.com/professional/eye-disorders/approach-to-the-ophthalmologic-patient/evaluation-of-the-ophthalmologic-patient#v1152031

Roat, M. L. (2020). *Corneal Ulcers- Eye Disorders*. Retrieved from MSD Manual Professional Edition: https://www.msdmanuals.com/professional/eye-disorders/corneal-disorders/corneal-ulcer#:~:text=Vitamin%20A%20deficiency-,Pathophysiology,cornea%20and%20decreased%20visual%20acuity.

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**4.5-5.5**		**3.10l**	
Hgb	**12-169 g/dl**			**Low iron in diet. Patient is on a**

	14-179 g/dl			**fortified regular diet.** (Mayo Clinic Staff, 2020)
Hct	**F 36-47% M 41-51%**			**Iron Deficiency Anemia.** (mayo clinic staff, 2019)
Platelets	**150-350**		**213**	**Thrombocytopenia could be caused from medications. Low platelet count. Could be from Rheumatoid Arthritis.** (mayo clinic staff, 2020)
WBC	**4.5-11**	**5.90**		**Medications such as antibiotics destroy White blood cells, Other issues such as Anemia and rheumatoid arthritis.** (Mayo Clinic Staff, 2020)
Neutrophils	**2.6-8.5**			**Indication of Infection. Patient is presently on antibiotic.** (Understanding Neutrophils: Functions, Counts, and more., 2017)
Lymphocytes	**0.77-4.5**		**1.4**	
Monocytes	**0.14-1.3**		**.3**	
Eosinophils	**0-0.55**		**.1**	
Bands	**0-1.2**		**1.7**	

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-	**136-145 meq/l**	**139**	**141**	
K+	**3.5-5 meq**	**3.4L**	**4.0**	**Hypokalemia can be caused from some medications such as diuretics due to increase fluid loss.** (mayo clinic staff, 2020)
Cl-	**98-106**	**106**	**108**	**Elevated Chloride levels could be tied to kidney problems and the presence of excess acid from urine and bloodstream.** (Nayana Ambardekar, MD , 2019)
CO2	**23-28 meq/l**	**29.1**	**22**	**Low could indicate metabolic acidosis while high readings could**

				indicate dehydration. (Nayana Ambardekar, MD , 2020)
Glucose (rxnetwork, 2020)	**80-120**	**106**	**88**	
BUN	**8-20 mg/dl**	**15**	**14**	
Creatinine	**0.7-1.3 mg**	**0.76**	**0.70**	
Albumin	**3.5-5.4 g/dl**			**Not performed**
Calcium	**9-10.5mg/dl**	**8.2**	**8.2**	**Low levels of calcium can be related to Vitamin D deficiency. This patient is presently taking additional Vitamin D due to low levels.** (III, 2020)
Mag	**1.5-2.4mg/ dl**			**Not performed**
Phosphate	**3.0-4.5 mg/ dl**			**Not performed**
Bilirubin	**0-0.3 mg/dl 0.3-1.2mg/ dl**			**Not performed**
Alk Phos	**36-150u/l**			**Not performed**

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, straw or Amber**			**Not performed**
pH	**5-7**			**Not performed**
Specific Gravity	**1.015-1.025**			**Not performed**
Glucose	**negative**			**Not performed**
Protein	**<100mg/24h negative**			**Not performed**
Ketones	**negative**			**Not performed**

WBC	**4.5*10^3mcl**			**Not performed**
RBC	**4.2-5.9*10^6 cells/mcl**			**Not performed**
Leukoesterase	**negative**			**Not performed**

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**			**Not performed**
Blood Culture	**negative**			**Not performed**
Sputum Culture	**negative**			**Not performed**
Stool Culture	**negative**			**Not performed**

Lab Correlations Reference (APA):

Nayana Ambardekar, MD . (2019, March 13). *WebMD*. Retrieved from Chloride Blood Test and Normal Chloride Levels: https://www.webmd.com/a-to-z-guides/what-is-a-chloride-test

III, J. L. (2020, April). *Merck Manuals*. Retrieved from Hypocalcemia(low level of calcium in the blood) : https://www.merckmanuals.com/home/hormonal-and-metabolic-disorders/electrolyte-balance/hypocalcemia-low-level-of-calcium-in-the-blood#:~:text=An%20extremely%20low%20calcium%20level,seizures%2C%20and%20abnormal%20heart%20rhythms.

Jones and Bartlett Learning. (2021). *Nurse's Drug Handbook Twentieth Edition.* Burlington, MA: Jones and Bartlett Learning.

mayo clinic staff. (2019, October 18). *Iron Deficiency Anemia*. Retrieved from The Mayo Clinic: https://www.mayoclinic.org/diseases-conditions/iron-deficiency-anemia/diagnosis-treatment/drc-20355040

Mayo Clinic Staff. (2020, September 22). *Low Hemoglobin Count*. Retrieved from Mayo Clinic: https://www.mayoclinic.org/symptoms/low-hemoglobin/basics/causes/sym-20050760

mayo clinic staff. (2020, July 11). *Low Potassium: Hypokalemia*. Retrieved from mayo clinic: https://www.mayoclinic.org/symptoms/low-potassium/basics/causes/sym-20050632

Mayo Clinic Staff. (2020, November 24). *Low White Blood Count*. Retrieved from The Mayo Clinic: https://www.mayoclinic.org/diseases-conditions/iron-deficiency-anemia/diagnosis-treatment/drc-20355040

mayo clinic staff. (2020, April 8). *Thrombocytopenia- Low platelet Count*. Retrieved from Mayo CLinic: https://www.mayoclinic.org/diseases-conditions/iron-deficiency-anemia/diagnosis-treatment/drc-20355040

Nayana Ambardekar, MD . (2020, January 26). *Web Md*. Retrieved from What is a bicarbonate Blood test?: https://www.webmd.com/a-to-z-guides/bicarbonate-blood-test-overview

Nursing 2020 Drug Handbook. (2020). Philadelphia: Wolters Kluwer.

rxnetwork. (2020, Feb 07). *A Comprehensive Guide to Normal Lab Values*. Retrieved from Global Rx Ph The Clinicials Ultimate Reference: https://globalrph.com/2020/02/a-comprehensive-guide-to-normal-lab-values/

Understanding Neutrophils: Functions, Counts, and more. (2017, Feb 16). Retrieved from Healthline: https://www.healthline.com/health/neutrophils#high-levels

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Not performed.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	**PrednisoLone Acetate Suspension 1%**	**Doxycycline Hyciate**	**Robaxin/ methocarbamol**	**Diclofenac Sodium Gel 1%**	**Furosemide Tablet**
Dose	**1 drop both eyes**	**20 mg**	**500 mg**	**2mg**	**20 mg**
Frequency	**4 times a day**	**1 a day**	**4 hrs as needed**	**24 hr as needed**	**As needed**
Route	**Drop in both eyes**	**By mouth**	**By mouth**	**topical**	**By mouth**
Classification	**Glucocorticoid/ Immunosuppressant**	**Antibiotic. Tetracyclines**	**Carbamate derivative Skeletal Muscle relaxant**	**NSAID Analgesic, anti-inflammatory**	**Diuretic, antihypertensive**
Mechanism of Action	**Inhibits inflammation response.**	**Inhibit protein synthesis**	**Depresses CNS while reducing muscle spasms. Blocks pain perception**	**Relieves pain by blocking cyclooxygenase, which is responsible for inflammatory responses which cause local pain and swelling.**	**Inhibits water and sodium reabsorption at the loop of Henle while increasing urine formation.** (Jones and Bartlett Learning, 2021)

Reason Client Taking	**Prophylaxis- corneal ulcer- Drug indication for chronic inflammatory disorder.**	**Corneal ulcer, prophylaxis**	**Muscle pain- Rheumatoid Arthritis**	**Rheumatoid arthritis**	**Edema**
Contraindications (2)	**Systemic fungal infection PrednisoLone hypersensitivity**	**Use cautiously with renal or hepatic impairment. Hypersensitivity to tetracyclines.**	**Methocarbamol hypersensitivity. No other contraindication listed.**	**Asthma history Use on damaged skin: Topical applications**	**Anuria. Hypersensitivity to furosemide.** ***Do not mix with acidic solutions.** (Jones and Bartlett Learning, 2021)
Side Effects/Adverse Reactions (2)	**Heart failure, Seizures** (Jones and Bartlett Learning, 2021)	**Photosensitivity, superinfection** (Nursing 2020 Drug Handbook, 2020)	**Angioedema, bradycardia, hypotension, dizziness, weakness** (Jones and Bartlett Learning, 2021)	**Bradycardia, aseptic meningitis** (Jones and Bartlett Learning, 2021)	**Arrythmia, thromboembolism, pancreatitis** (Jones and Bartlett Learning, 2021)

Medications Reference (APA)

Jones and Bartlett Learning. (2021). *Nurse's Drug Handbook Twentieth Edition.* Burlington, MA: Jones and Bartlett Learning.

Nursing 2020 Drug Handbook. (2020). Philadelphia: Wolters Kluwer.

Assessment

Physical Exam (18 points)

GENERAL: **Alertness: alert and oriented** **Orientation:person, place, time and situation** **Distress:no signs of distress** **Overall appearance: well groomed**	**Patient alert and oriented to person, place, time, and situation. Appears to be well groomed/dressed and showing no physical signs of distress**
INTEGUMENTARY: **Skin color: some discoloration bruising bilaterally on arms.** **Character: dry, no cracking** **Temperature:warm** **Turgor: no tenting** **Rashes: no rash present** **Bruises: scattered bruises bilaterally** **Wounds: no wounds** **Braden Score: 23** **Drains present: Y☐ N ☒** **Type:n/a**	**Skin warm, some discoloration on arms bilaterally from scattered bruising. Patient indicates "bruises easily" No rashes or wounds present. Even hair distribution and quantity. Capillary refill less than 3 seconds bilaterally, Skin turgor no tenting present.**
HEENT: **Head/Neck: symmetrical** **Ears: moist and pink without lesion, cerumen present left ear.** **Eyes: sclera bilaterally white, cornea clear bilaterally, conjunctiva pink bilaterally, right eye lid pink and moist. Left eyelid redness to outer edge of eyelid**	**Head and Neck are symmetrical, no lymph nodes palpable, thyroid not palpable, carotid pulse normal bilaterally. Trachea midline, no deviation.** **Ears moist and pink without lesion, left ear cerumen present.**

Nose: midline- turbinates not visible due to excess hair in nasal cavity. **Teeth: not inspected**	**Eye: sclera bilateral white with normal signs of aging, Cornea clear bilaterally, conjunctiva pink bilaterally, drainage present bilaterally, Patient rubbing left eye. Patient reports eye drops 4 times a day bilaterally for eye pain. Right eye lid moist and pink, left eye moist with slight redness to outer edge of eyelid. PERRLA bilaterally, EOM bilaterally with poor convergence.** **Nose: Septum is midline, turbinates not visible due to hair in nares.** **Throat: Pharynx moist and pink without exudate noted. No tonsils present. Uvula is midline, Soft palate raised and lowered to the midline.**
CARDIOVASCULAR: **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:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal rhythm and rate of respirations**
GASTROINTESTINAL: **Diet at home:** **Current Diet regular diet, fortified.** **Height: 64”** **Weight: 101** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐**	**Regular diet, fortified. Pt weighed 101 pounds at admission and was 64” tall.**

Nasogastric: Y ☐ N ☒ **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: contracture present bilaterally in hands** **Supportive devices: none** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 15** **Activity/Mobility Status: independent** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	**Morse fall scale: 15 Not a fall risk.** **Contractures present bilaterally in hands.**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation: alert and oriented** **Mental Status:** **Speech: not impaired** **Sensory: blurred vision left eye** **LOC: oriented to person, place, time, and situation**	**Pupils are equal, reactive to light. Poor Convergence with Extraocular movements.** **Speech not impaired.** **Blurred vision left eye. Relieved by eye drops.** **Oriented to person, place, time, and situation.**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and**	.

available family support):	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:20	**82 left**	**113/68** **Right arm**	**12 normal,** **non-labored**	**96.6 T**	**95% room** **air**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:20	**6/10**	**L eye**	**Patient indicates "some pain"**	**Blurry vision left eye.**	**eye drops 4 times a day. Monitor pain level.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 ml	**Void x 1**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing	• Explain why the		• How did the

diagnosis with "related to" and "as evidenced by" components	nursing diagnosis was chosen		patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Comfort impaired r/t corneal ulcer as evidenced by pain of 6/10.	Patient complains of pain in left eye.	**1.Administer pain medication and eye drops** **2.monitor pain level**	**Pain comments that "drops relieve pain". Patient will experience reduction of pain.**
2. Perception impaired-disturbed visual field r/t corneal ulcer as evidenced by patient reports blurry vision in left eye.	**Patient indicated blurry vision which obstructs vision.**	**1.** Eliminate tripping and fall risks. Assist and monitor patient as needed to prevent injury from objects obstructing walking path. **2.**Instruct patient to ask for assistance with activities when vision is impaired after receiving eye drops, if necessary	Patient understands safety risks and fall prevention measures prior to discharge and is free of falls during patient stay in facility.

Other References (APA):

Carpenito. (2017). *Nursing Diagnosis Application to Clinical Practice.* Philadelphio: Wolters Kluwer.

Wright, P. L. (2019). *All in One Nursing Care Planning Resource.* MIssouri: Elsevier.

Concept Map (20 Points):

Subjective Data

Pain in left eye
Patient indicated Blurry vision in left eye.
Pain 6/10

Nursing Diagnosis/Outcomes

Comfort impaired r/t corneal ulcer as evidenced by pain of 6/10.
Goal: Monitor pain level frequently to reduce from 6/10 to 2/10 while maintaining treatment regimen.

Perception impaired- disturbed visual field r/t corneal ulcer as evidenced by patient reports blurry vision in left eye.
Goal: Patient understands safety risks and fall prevention measures prior to discharge and is free of falls during patient stay in facility.
Risk for Corneal injury as evidenced by patient rubbing left eye.
Goal: Patient will show minimal signs of eyelid irritation after receiving education on associated risks of corneal abrasions.

Objective Data

Redness at corner of eye lid of left eye(outer edge)
Translucent Drainage from both eyes
Patient rubbing left eye.
Weight 101
Height 64”
Patient rubbing left eye.

Patient Information

87 female, retired, presents with pain in Left eye.
History of:
Rheumatoid Arthritis

Nursing Interventions

A 1. Administer eye drops as ordered.
Monitor Pain level to determine effectiveness of treatment.
Administer analgesics, as prescribed ,as needed for pain.

2. Eliminate tripping and fall risks. Assist and monitor patient as needed to prevent injury from objects obstructing walking path.
Instruct patient to ask for assistance with vision is impaired after receiving eye drops, if necessary.