

N321 Care Plan #2

Lakeview College of Nursing

Jamie Rucker

Demographics (3 points)

Date of Admission 3/2/21	Patient Initials S.M.	Age 33	Gender F
Race/Ethnicity Caucasian	Occupation Prior work as CNA, now works in a daycare.	Marital Status Married	Allergies Sulendac, Sulpha based antibiotics, Latex, formaldehyde. She gets hives with all of these things.
Code Status Full Code	Height 5'4"	Weight 266lbs	

Medical History (5 Points)

Past Medical History: Mild asthma, history of menorrhagia post uterine ablation. 1 stillbirth in 2015, 2 children ages 7 & 11.

Past Surgical History: Cholecystectomy in 2012, uterine ablation and tubal ligation in 2015, left wrist surgery in 2018

Family History: Dad has HTN and stents, and mom has HTN, grandparents have COPD, and grandpa has lung cancer.

Social History (tobacco/alcohol/drugs): Smokes ½ pack a day for 16 years. Drinks beer or wine only for a special occasion maybe one or two times per year. Denies any drug use

Assistive Devices: Denies use of any assistive devices

Living Situation: Lives with husband, son, and daughter (11 years old and 9 years old). Two dogs, 4 guinea pigs and fish.

Education Level: Graduated from High school and went on to get CNA certified.

Admission Assessment

Chief Complaint (2 points): Left lower abdominal pain

History of present Illness (10 points): Patient presented to the ED with complaints of left sided abdominal pain. Patient received second dose of Covid vaccine on Friday and became lethargic, developed a headache that lasted for 2-3 days and developed left sided abdominal pain on 3/1/21. Patient indicated it was controlled with ibuprofen initially but got worse in the afternoon. Patient stated the pain became so severe it was a 10/10, sharp, stabbing and contracting along with nausea and vomiting. Patient denies fever, diarrhea, or constipation. When patient came to ED it was discovered that she had severe leukocytosis along with local peritonitis in the left pelvic area. She had a CT of the abdomen which indicated an enlargement of the left ovary along with a lesion. Patient also had an internal ultrasound which ruled out suspected torsion.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Peritonitis

Secondary Diagnosis (if applicable): Enlarged ovary with ruptured cyst

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

Peritonitis typically presents with abdominal pain, rigidity and rebound tenderness due to the inflammation of the peritoneal membrane which is caused by bacterial infection or leakage of the intestinal contents into the peritoneal cavity. It is most common that peritonitis occurs from a ruptured organ which then contaminates the sterile peritoneal area with bile, acid, or bacteria (Capriotti, 2020). With peritonitis the pain becomes worse with activity, and palpation and is lessened by staying still. In some cases, a traumatic injury causes peritonitis, such as infected fallopian tubes or ruptured ovarian cysts, as is the case with my patient. My patient had an abdominal CT with contrast which revealed an enlarged ovary with lesions thought to be ruptured cysts. The transvaginal ultrasound ruled out suspected torsion. The CBC returned high leukocyte values which are indicative of infection. The neutrophil, eosinophils and leukocytes

elevate as they invade infectious areas in the body to try to clean it up. In my patient's case, the inflamed peritoneal area is likely caused by the enlarged ovary with the ruptured cysts. My patient is at an increased risk for ovarian cysts due to the fact that she smokes half a pack of cigarettes per day. She will have a consultation later in the day on 3/4/21 with OBGYN as well as a surgery consult to determine the next course of action and further treatment plan, in the meantime she will continue to receive Piperacillin-tazobactam (Zosyn) 4.5g 25 mL/hr Q8h via IV to treat the infection and Hydrocodone-acetaminophen (Norco) 5-325 mg per 1-tab Q4h/PRN for pain relief.

Pathophysiology References (2) (APA):

- Capriotti, T. (2020). *Davis advantage for pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis.
- Eliopoulos, C. (2018). *Gerontological nursing*. Wolters Kluwer.
- Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's Diagnostic and Laboratory Test Reference - E-Book*. Mosby.

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	4.4-5.80	5.12	4.35	
Hgb	13.0-16.5	15.1	13.0	
Hct	38-50	44.7	38.4	
Platelets	140-440	333	253	
WBC	4.00-12.00	27.3	8.80	Indication of infection which is consistent with my patient who has peritonitis as well as ruptured cysts.
Neutrophils	40-60	n/a	67.1	A high count is consistent with infection as with my patient who has peritonitis and ruptured cysts.
Lymphocytes	19-49	n/a	22.8	
Monocytes	3.0-13.0	n/a	6.5	
Eosinophils	0.0-0.8	n/a	2.1	A high count is consistent with infection as with my patient who has peritonitis and ruptured cysts.
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	137	137	
K+	3.5-5.1	3.5	3.5	
Cl-	98-107	101	103	

CO2	21-31	25	29	
Glucose	70-99	120	88	
BUN	7-25	9	9	
Creatinine	0.50-1.20	0.99	0.96	
Albumin	3.5-5.7	4.3	n/a	
Calcium	8.6-10.3	9.7	8.7	
Mag	1.6-2.6	n/a	n/a	
Phosphate	n/a	n/a	n/a	
Bilirubin	n/a	n/a	n/a	
Alk Phos	n/a	88	n/a	
AST	n/a	n/a	n/a	
ALT	n/a	n/a	n/a	
Amylase	n/a	n/a	n/a	
Lipase	n/a	n/a	n/a	
Lactic Acid	n/a	2.0	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				
PT				

PTT				
D-Dimer		n/a	n/a	
BNP		n/a	n/a	
HDL		n/a	n/a	
LDL		n/a	n/a	
Cholesterol		n/a	n/a	
Triglycerides		n/a	n/a	
Hgb A1c		n/a	n/a	
TSH		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	Yellow & clear	Yellow & Hazy	n/a	
pH	5.0-7.0	5.0	n/a	
Specific Gravity	1.003-1.005	1.021	n/a	This value is consistent with dehydration which makes sense because my patient has been vomiting due to her severe pain
Glucose	negative	negative	negative	
Protein	negative	negative	negative	
Ketones	negative	n/a	n/a	
WBC	0-25	0-5	n/a	

RBC	0-20	negative	negative	
Leukoesterase	negative	negative	negative	

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				
Blood Culture		n/a		
Sputum Culture		n/a		
Stool Culture		n/a		

Lab Correlations Reference (APA):

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd e Kouli, A., Torsney, K. M., & Kuan, W.-L. (2018).

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):

1. CT abdomen pelvis with contrast taken 3/2/21 @ 1859. CT of the abdomen indicated an enlargement of the left ovary along with a lesion, potentially ruptured cysts.
2. Ultrasound pelvis transvaginal done on 3/2/21 @ 2001. Ruled out suspected torsion.

Diagnostic Test Correlation (5 points):

1. This is likely the cause of the patient's left lower abdominal pain on admission. This would also be a reason for elevated leukocytes.
2. Upon initial assessment it was thought that she has peritonitis, and the ultrasound was ordered to rule out suspected torsion.

Diagnostic Test Reference (APA):

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

Home Medications (5 required) * Patient has only 8 meds

Brand/Generic	Acetaminophen	NSAIDS (Motrin)	Albuterol Proventil	Diphenhydramine Benadryl	
Dose	325mg 2 tabs	750 mg tab	2.5mg	25mg	
Frequency	Q4h/PRN	PRN	Q6h/PRN	PRN	
Route	Oral	oral	Nebulizer/inhalation	Oral capsule	
Classification	Antipyretic, nonopioid analgesic	Analgesic, anti-inflammatory, antipyretic	Bronchodilator	Antianaphylactic, antihistamine, antitussive	

Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse.	Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response	Albuterol attaches to the beta2 receptors on bronchial cell membranes which stimulates the intracellular enzyme to convert to ATP.	Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action.	
Reason Client Taking	Pain relief	Pain relief/anti-inflammatory	Asthma/wheezing	Allergies	
Contraindications (2)	Hypersensitivity to acetaminophen, severe hepatic impairment	Angioedema, asthma, bronchospasm	Hypersensitivity to albuterol was the only one listed in the drug book	Breastfeeding, hypersensitivity to diphenhydramine	
Side Effects/Adverse Reactions (2)	Hypotension, hepatotoxicity	Seizures, MI	Anxiety, angina, hypotension	Arrhythmias, nausea	
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment, monitor renal function in patients on long term therapy.	Risk of heart failure increases with use of NSAID's Use with extreme caution in patients with history or IG bleeding	Use cautiously in patients with cardiac disorders, diabetes mellitus, digitalis intoxication, hypertension	Expect to give parenteral form of diphenhydramine only when oral ingestion is not possible. Expect to discontinue drug for at least 72 hours before skin tests for allergies.	

Hospital Medications (5 required)

Brand/Generic	Enoxaparin	Hydrocodone-	Ondansetron	Piperacillin-	
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	Lovenox	acetaminophen (Norco)	Zofran	tazobactam (Zosyn)
Dose	40 mg	5-325 mg per 1 tab	4mg tabs	4.5g 25 mL/hr
Frequency	Q12h	Q4h/PRN	Q6h/PRN	Q8h
Route	Subq	Oral	Oral	IV
Classification	Anticoagulant	Opioid analgesic, antitussive	Antiemetic	Anti-infectives/ extended spectrum penicillin's
Mechanism of Action	Potentiates the action of antithrombin III, a coagulation inhibitor	The exact mechanism of action is not known, but is believed to relate to the existence of opiate receptors in the central nervous system	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine	Binds to bacterial cell wall membrane, causing cell death.
Reason Client Taking	Blood clot prevention	Moderate to severe	nausea	Treating infection (peritonitis)
Contraindications (2)	Active major bleeding, history of heparin induced thrombocytopenia or immune-mediated HIT within past 100 days or in the presence of circulating antibodies	Hypersensitivity to hydrocodone or acetaminophen, or hypersensitivity to other opioids	Concomitant use of apomorphine congenital long QT syndrome hypersensitivity to ondansetron or its components	Contraindicated in patients with a history of allergic reactions to any of the penicillins, cephalosporins, or beta-lactamase inhibitors
Side Effects/Adverse Reactions (2)	Atrial fibrillation, hemorrhage	Drowsiness, lethargy, anxiety	Hypotension, bronchospasms	Diarrhea, nausea
Nursing Considerations (2)	Do not give drug by IM injection. Use enoxaparin with extreme caution in patients with a history of heparin induced	Monitor for confusion in the elderly as this is a sign of over sedation. Monitor for addiction, abuse,	Monitor patients closely for s/s of hypersensitivity to ondansetron because anaphylaxis	Watch for seizures, notify physician immediately of a seizure activity. Monitor for signs of anaphylaxis

	thrombocytopenia.	or misuse behaviors	can occur. Monitor closely for serotonin		
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Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	A&Ox4 No acute distress Grooming is good, looks stated age
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Normal color Warm and dry Normal, 2+ turgor No rashes, bruising or lesions noted No drains present
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, no JVD, trachea is without deviation. Thyroid is non palpable. Ears symmetrical bilaterally and clear Conjunctiva pink and moist, sclera white, no draining or discharge noted. No polyps or lesions present, moist and clear free of discharge. Tonsils 1+, uvula rises and falls symmetrically. Dentation is good
CARDIOVASCULAR (2 points):	S1/S2 audible with normal rate and rhythm, no

<p>Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>murmur, gallops or rubs, Cap refill less than 3 seconds = normal, no edema inspected or palpated</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds are clear bilaterally, absent of stridor, crackles and wheezes or rhonchi. Non labored normal breathing.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal diet at home Normoactive Abdomen is tender upon palpation, lower left stabbing, sharp pain, no masses, or distension noted No incisions, drains or wounds Patient is 5'4" and 266lbs Last BM was Tuesday 3/2/21 Scars present on left wrist from prior surgery, umbilicus, upper abdomen and right lower abdomen from tubal ligation, cholecystectomy, and uterine ablation.</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>pale yellow clear x1 during my shift</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM:</p>	<p>WDL – active ROM No supportive devices required Patient is independent without impairment in</p>

<p>Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment Needs support to stand and walk</p>	<p>mobility Strong grips bilaterally Strong legs bilaterally</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Pupils equal and reactive Grip Strength equal bilaterally Strength equal in legs bilaterally A&O x4 Speech is clear LOC - Alert</p>
<p>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):</p>	<p>Patient has a solid support system at home with her husband and two kids. She also has support with her parents. She has no religious affiliation</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0819	76	111/68	20	97.9F Oral	95% Room Air
PT is ordered Q8h vitals					

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0810	8/10	Lower left abdomen	severe	Sharp and stabbing	Norco given

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:	20 gauge Left antecubital 3/2/21 Patent, flushes without difficulty No signs of erythema or drainage Intact, dry

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
200 mL IV Water 240mL	Unmeasured urine x2 reported during morning assessment

Nursing Care

Summary of Care (2 points)

Overview of care: Pain management was our main focus

Procedures/testing done: Patient did not have any labs or tests scheduled for today

Complaints/Issues: Patient’s only complaint was pain which was being addressed with the use of pain medications, relaxation techniques and position changes.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: She experiences more pain when she is up and moving.

Patient has not had much of an appetite.

Physician notifications: n/a

Future plans for patient: Surgery and Obgyn consult regarding enlarged ovary with lesion/potential ruptured cysts.

Discharge Planning (2 points)

Discharge location Patient will discharge home

Home health needs (if applicable): n/a

Equipment needs (if applicable): n/a

Follow up plan: Follow up with PCP and Obgyn

Education needs: Smoking cessation, diet, exercise, and weight loss

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Intervention (2 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> 1. Acute pain related to contamination of sterile peritoneal area as evidenced by ruptured 	<p>Patient reports lower left abdominal pain as an 8/10. Previous diagnostic testing confirms presence of</p>	<ol style="list-style-type: none"> 1. Administered Hydrocodone-acetaminophen (Norco) Q4h/PRN 2. Promoted change of position and comfort 	<ol style="list-style-type: none"> 1. Goal met- Patient responded well to the pain medication and reported reduction of pain. 2. Goal met- Patient verbalized that

ovarian cysts	enlarged ovary with lesion	techniques	pain was less intense when she used comfort techniques
2. Deficient fluid volume related to vomiting as evidenced by specific gravity urine culture (dehydration)	Urine culture values are indicative of dehydration. Specific gravity 1.021 , color and clarity are yellow and hazy	<ol style="list-style-type: none"> Administered 0.9% normal saline fluids Increased oral intake of liquids 	<ol style="list-style-type: none"> No objective data to confirm goal met. Urine cultures were not repeated. Goal met. Patient is drinking more and urinating more frequently, urine is light yellow and clear.
3. Infection related to ruptured ovarian cysts as evidenced by elevated white blood counts	Lab values for leukocytes, neutrophils and eosinophils indicate infection is present	<ol style="list-style-type: none"> Antibiotics are being administered to treat the infection Obgyn and surgical consult scheduled to discuss treatment options 	<ol style="list-style-type: none"> Goal met – white blood count numbers have decreased, showing improvement Not met- Consult is scheduled for later in the day to discuss treatment options to avoid recurrent infections.

Other References (APA):

North American Nursing Diagnosis Association. (2018). *Nanda nursing diagnosis: definitions and classification, 2018-2020*.

Concept Map (20 Points):

Subjective Data

Patient reports onset of pain that became so severe she vomited several times before she arrived at the ER. Patient reported last bowel movement was on Tuesday

Nursing Diagnosis/Outcomes

Acute pain related to contamination of sterile peritoneal area as evidenced by ruptured ovarian cysts
Deficient fluid volume related to vomiting as evidenced by specific gravity urine culture (dehydration)
Infection related to ruptured ovarian cysts as evidenced by elevated white blood counts

Objective Data

V/S - P 76, T 97.9f (oral), BP111/68,
RR 20, O2 95% (room air), Pain 8/10
Height 5'4" Weight 266lbs

Patient Information

33 y/o female presented to ER on 3/2/21 with a chief complaint of severe pain in the lower left abdomen, nausea, and vomiting

Nursing Interventions

Administered Hydrocodone-acetaminophen (Norco) Q4h/PRN
Promoted change of position and comfort techniques
Administered 0.9% normal saline fluids
Increased oral intake of liquids
Antibiotics are being administered to treat the infection
Obgyn and surgical consult scheduled to discuss treatment options



