

N311 Care Plan # 3

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (5 points)

Date of Admission 12-23-2019	Patient Initials W.W.	Age 77 years old	Gender Male
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Widowed	Allergies Amoxicillin – pt gets nauseous
Code Status DNR	Height 5'8"	Weight 171.8lbs	

Medical History (5 Points)

Past Medical History: COVID-19, pneumonia (unspecified organism), effusion of left ankle, unspecified Alzheimer's disease, unspecified disorientation, unspecified malignant neoplasm of skin of unspecified part of face, dementia in other diseases classified elsewhere with behavioral disturbance, unspecified convulsions, other reduced mobility, cognitive communication deficit, transient alteration of awareness, abnormal posture, unsteadiness on feet, unspecified abnormalities of gait and mobility, other hyperlipidemia, patient (pt) had two major depressive disorder, essential primary hypertension, gastro-esophageal reflux disease without esophagitis, sneezing, need for assistance with personal care, generalized anxiety disorder, personal history of urinary tract infection (UTI), seizure, clostridium difficile colitis (C. diff), and dysphagia or anorexia.

Past Surgical History: Esophageal dilation, and unspecified knee surgery.

Family History: Pt's mother had malignant neoplastic disease, father had dementia but no other known family history.

Social History (tobacco/alcohol/drugs): Pt has never used any type of tobacco usage, no alcohol consumption and no recreational drug usage.

Admission Assessment

Chief Complaint (2 points): Confusion.

History of present Illness (10 points): Patient (pt) is a 77-year-old male with past medical history of Alzheimer's disease and dementia which has increased confusion within the past year. Due to pt being alert and oriented times 2, person and situation. Pt could only tell me the confusion started in the home setting and has been consistent ever since then. There are no changes and the pt has very pleasant active behaviors, pt does wander. There is no aggravating or associating factors. There are also no relieving factors that help. For treatment, the pt is on several medications for anti-psychotherapeutic and neurological medications, and pt was admitted to a long-term facility.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Skin cancer

Secondary Diagnosis (if applicable): No known secondary diagnosis

Pathophysiology of the Disease, APA format (20 points): Skin cancer is the abnormal growth of skin cells, most often develops on skin exposed to the sun (Capriotti, 2020). But this can occur in areas that are not exposed to sunlight as well. Skin cancer occurs when there are errors (mutations) in the DNA of the skin cells. The mutations cause the cells to grow out of control and form a mass of cancer cells (Capriotti, 2020). The cancer begins in the top layer of the skin which is the epidermis. There are three different types of skin cancer and they are basal cell carcinoma, squamous cell carcinoma, and melanoma (Capriotti, 2020). Basal cell carcinoma, arising in the lowest, or basal, level of the epidermis, accounts for most of skin cancers (Hogan-Quigley, Palm, & Bickley, 2017). These cancers may arise in sun-exposed areas, usually on the head and neck, they can be pearly white and translucent, tend to grow slowly, and rarely

metastasize (Hogan-Quigley, Palm, & Bickley, 2017). Squamous cell carcinoma arises in the upper layer of the epidermis. These cancers are often crusted and scaly red, inflamed or ulcerated appearance; they can metastasize (Hogan-Quigley, Palm, & Bickley, 2017). Melanoma, arising from the pigment-producing melanocytes in the epidermis that give the skin its color, is the most lethal type, due to its high rate of metastasis and high rate of mortality at advanced stages, causing over approximately 70% of skin cancer deaths (Hogan-Quigley, Palm, & Bickley, 2017). There are some fewer common types of skin cancer which are Kaposi sarcoma, Merkel cell carcinoma, and sebaceous gland carcinoma.

Some risk factors may include fair skin, ultraviolet light, history of sunburns, excessive sun exposure, sunny or high-altitude climates, moles, precancerous skin lesions, family history of skin cancer, personal history of skin cancer, weakened immune system, exposure to radiation, and exposure to certain substances such as arsenic (Capriotti, 2020). Some tips to prevent skin cancer may be to avoid the sun during the middle of the day, wear sunscreen year-round, wearing protective clothing, avoid tanning beds, be aware of sun-sensitizing medications and to check your skin regularly and report changes to your doctor (*Skin Cancer - Symptoms and Causes*, 2020). To diagnosis if it is skin cancer you must examine your skin and see your doctor to do a skin biopsy. It is good to teach the patient the ABCDE-EFG method for assessing different moles. ABCE-EFG method stands for asymmetry of one side of the mole compared to the other, irregular borders, variation or change in color, diameter, evolving or changing in size, elevated, firm to palpation, and growing progressively over several weeks (Hogan-Quigley, Palm, & Bickley, 2017). After you get your results, treatment may include freezing, excisional surgery, Mohs surgery, curettage and electrodesiccation or cryotherapy, radiation therapy, chemotherapy, photodynamic therapy, or biological therapy (*Skin Cancer - Symptoms and Causes*, 2020).

My pt has unspecified skin cancer, the wound is on left temple of the head, it is 2cm by 1.5cm and approximately 0.8 cm in depth. The wound bed is pink in color and wound edges with small amount of slough. The wound has viscous (thick and sticky) white drainage. Pt has no verbal or nonverbal pain. Pt has 25 rounds of radiation, one time a day for five days a week. The nurses now irrigate the wound with sterile solution, applied triple antibiotic ointment, and then a bandage goes over top of the wound. Pt also takes Twocal HN, which is a nutritional supplement to make sure he is getting all his nutrients needed and maintain his weight while in radiation.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia, PA: F.A. Davis.

Hogan-Quigley, B., Palm, M. L., & Bickley, L. S. (2017). *Bates' nursing guide to physical examination and history taking*. Philadelphia, PA: Wolters Kluwer.

Skin cancer - Symptoms and causes. (2020, December 5). Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/skin-cancer/symptoms-causes/syc-20377605>

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	Male: 4.7-6.1 Female: 4.2-5.4	3.29	3.42	Pt's RBC could be due to advanced cancer but did not have enough information to confirm (Pagana et al., 2021).
Hgb	Male: 14-18 g/dL Female:	10.7	10.7	Pt could have low Hgb due to the RBC being low but possibly could be due to anemia, start of kidney disease or

	12-16 g/dL			possible neoplasia (Pagana et al., 2021).
Hct	Male: 40-52% Female: 36-47%	31.4	32.8	Pt could have low Hct due to RBC is low, and damage to the bone marrow due to radiation (Pagana et al., 2021).
Platelets	150-400 x 10 ⁹ /L	268	215	
WBC	5-10 x 10 ⁹ /L	6.5	4.9	Pt's WBC are low due to damage to the bone marrow due to radiation and could be due to possible infection (Pagana et al., 2021).
Neutrophils	55-70	*Unable to obtain*	53	Pt could have decreased neutrophils due to radiation treatment and possible infection (Pagana et al., 2021).
Lymphocytes	20-40	*	34	
Monocytes	2-8	*	10	Pt could have higher monocytes due to possible infection or ulcerative colitis (Pagana et al., 2021).
Eosinophils	1-4	*	2	
Bands	0.5-1	*	1	

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	137	143	
K+	3.5-5 mEq/L	3.3	3.8	Pt could have low potassium due to infection, dehydration or even excessive dietary intake (Pagana et al., 2021).
Cl-	98-106 mEq/L	104	106	
CO2	23-30 mEq/L	28	*	
Glucose	74-106 mg/dL	105	124	Pt could have higher glucose levels due to acute stress or even due to diuretic therapy. Pt is taking Furosemide as a diuretic (<i>Patient Education on Blood, Urine, and</i>

				<i>Other Lab Tests Lab Tests Online, 2021).</i>
BUN	10-20 mg/dL	14	7	Pt's BUN could be low due to over hydration caused by fluid overload (Pagana et al., 2021).
Creatinine	0.5-1.1 mg/dL	0.73	0.8	
Albumin	3.5-5 g/dL	3.5	3.8	
Calcium	9-10.5 mg/dL	8.7	8.8	Pt could have low calcium due to pt having skin cancer (Pagana et al., 2021).
Mag	1.3-2.1 mEq/L	*	*	
Phosphate	3-4.5 mg/dL	*	*	
Bilirubin	0.3-1 mg/dL	0.5	0.2	Low levels of bilirubin are generally not a concern and are not monitored (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>).
Alk Phos	30-120 U/L	85	90	

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	Clear, Amber/ Yellow	*	*	
pH	4.6-8 Average: 6	*	*	
Specific Gravity	1.005-1.03	*	*	
Glucose	50-300 mg/day	*	*	
Protein	0-8 mg/dL	*	*	
Ketones	negative	*	*	
WBC	0-4 per low-power field	*	*	

	Negative for cast			
RBC	Less than or equal to 2 Negative for cast	*	*	
Leukoesterase	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	Negative: less than 10,000 per mm of U Positive: greater than 100,000 per mm of U	*	*	
Blood Culture	Negative	*	*	
Sputum Culture	Normal Upper RT	*	*	
Stool Culture	Normal intestinal flora	*	*	

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.

Patient Education on Blood, Urine, and Other Lab Tests | *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

Diagnostic Imaging

All Other Diagnostic Tests (10 points): Pt has no known other diagnostic testing.

Current Medications (10 points, 2 points per completed med)

5 different medications must be completed

Medications (5 required)

Brand/Generic	Twocal HN/Ensure, Glucerna	Furosemide/ Lasix	Gabapentin/ Neurontin	Donepezil HCL/ Aricept	Mirtazapine/ Remeron
Dose	60mL	5mg	300mg	10mg	7.5mg
Frequency	1x a day	1x a day	1x a day	1x a day	1x a day
Route	PO	PO	PO	PO	PO
Classification	Calorie and nutritional supplement.	Antihypertensive , diuretic	Anticonvulsant	Psychotherapeutic and Neurological agent. Antidementia.	Antidepressant, chemical
Mechanism of Action	Supplemental or sole-source feeding for stressed patients and those requiring low- volume feedings. To assist with weight gain or maintenance (Jones & Bartlett Learning, 2019).	Inhabits sodium and water reabsorption in the loop of Henle and increase urine formation (Jones & Bartlett Learning, 2019).	Gabapentin is structurally like gamma- aminobutyric acid (GABA), the brain inhibitory neurotransmitter in the brain (Jones & Bartlett Learning, 2019).	Reversibly inhibits acetylcholinesterase and improves acetylcholine's concentration at cholinergic synapses (Jones & Bartlett Learning, 2019).	May inhibit neuronal reuptake of norepinephrine and serotonin. By doing so, this tetracyclic antidepressant increases the action of these neurotransmitters in nerve cells. Increased neuronal serotonin and norepinephrine levels may elevate mood (Jones & Bartlett Learning, 2019).
Reason Client Taking	Pt is taking it for weight	Pt is taking it for primary HTN.	Pt is taking due to unspecified	Pt is taking due to Alzheimer's	Pt is taking this due to

	maintenance during radiation.		convulsions.	Disease.	depression.
Contraindications (2)	Acute pancreatitis, severe maldigestion and malabsorption.	Anuria, hypersensitivity to furosemide or its components.	Hypersensitivity to gabapentin or its components.	Hypersensitivity to donepezil, piperidine derivatives, or their components.	Hypersensitivity to mirtazapine or its components, use within 14 days of an MAO inhibitor.
Side Effects/Adverse Reactions (2)	Decrease urine volume, confusion, and convulsions (seizures).	Hyperglycemia, anorexia and hypocalcemia.	Hypertension, peripheral edema and seizures.	Abnormal gait, seizures hypertension.	Confusion, seizures, hypertension and peripheral edema.

Medications Reference (APA):

Jones & Bartlett Learning. (2019). *2020 Nurse’s Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Pt is alert and oriented by 2 with person and situation but is not alert and oriented with place or time. Pt is well-groomed and seems to be in no acute distress.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 16 low risk Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Pt’s skin is warm, pink, and dry. No rashes, lesions, or bruising. Normal quantity, distribution, and texture of hair. Fingernails showed no signs of clubbing or cyanosis. Toenails showed no signs of cyanosis but showed signs of clubbing with yellow tent to the toenails. Capillary refill less than 3 seconds for fingers and toes bilaterally. Turgor was 2+. Pt did have a wound on left temple of the head, it was 2cm x 1.5cm and approximately 0.8 cm in depth.</p>

	<p>Wound bed was pink in color and wound edges with small amount of slough. Wound had viscous (thick and sticky) white drainage. Pt also has a scabbed area on the right base of the neck, approximately 1cm circumference. Pt had multiple (6+) red scabbed areas under umbilical area.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck is noted. Bilateral auricles moist and pink without lesions. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, and EMOs intact bilaterally. Septum is midline, with an indentation out of it at the bridge of the nose. Bilateral sinuses are nontender to palpation. Pt is missing all teeth but 5, one on top and four on the bottom. Oral mucosa overall is moist and pink without lesions and uvula is midline; soft palate rises and falls symmetrically.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): not applicable due to pt did not need ECG. Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	<p>Clear S1 and S2 sounds without murmurs, gallops, or rubs. PMI palpable at 5th intercostal space at MCL. All extremities are pink, warm, dry and symmetrical. Pulses 2+ bilaterally in arms. Pulses 1+ bilaterally in legs. Capillary refill less than 3 seconds in fingers and toes bilaterally. Pt has 1+ pitting edema in lower extremities but no signs of edema anywhere else. Epitrochlear lymph nodes nonpalpable bilaterally. Homan's sign negative bilaterally.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height:</p>	<p>Pt has a regular diet, regular texture and thin consistency. Pts height is 5'8" and weighs 171.8lbs. Pt's bowel sounds are active in all four</p>

<p>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>quadrants. Right lower quadrant was 12, right upper quadrant was 14, left upper quadrant 20, left lower quadrant 18 active sounds per minute. Pt's last bowel movement was at 0910. During inspection pt's stomach was distended and then during palpation pt's abdomen was firm but pt reports that abdomen was not tender and no organomegaly or masses noted in all four quadrants. Pt had no drains, incisions or wounds present in the abdomen reason. Pt did have multiple (6+) scabbed areas below the umbilical area. Pt had no CVA tenderness bilaterally.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 40 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Pt has a fall score of 40 according to the Morse Fall Scale due to having a previous fall within the last 3 months and due to his mental status.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status:</p>	<p>.</p>

Speech: Sensory: LOC:	
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
0815	68	111/64	15	98 Degrees F	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0815	0-10	n/a	0, pt denies any pain. Verbally and nonverbally.	n/a	n/a

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
680mL	Pt was toileted 3x during shift, pt is continent. Pt also had a small bowel movement.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions?

evidenced by” components	chosen		<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Excessive fluid volume related to excessive fluid intake as evidenced by pitting edema +1.</p>	<p>This nursing diagnosis was chosen because pt has pitting edema +1.</p>	<p>1. Limit fluid intake (Swearingen & Wright, 2019). 2. Monitor pts weight (Swearingen & Wright, 2019).</p>	<p>Due to mental status patient did not understand the reasoning why we wanted to limit fluids and monitor his weight. Limiting fluid and monitoring his weight will hopefully help the pt with edema.</p>
<p>2. Potential for injury related to Alzheimer’s Disease as evidenced by impaired judgment and inability to recognize danger in the environment.</p>	<p>Pt is at risk for potential injury because he is not able to control his own behavior. Pt may have some perceptual deficits that increase risk for falls.</p>	<p>1. Eliminate or minimize identified environmental risks (Swearingen & Wright, 2019). 2. Have family provide nonslip shoes and if possible, shoes without laces (Swearingen & Wright, 2019).</p>	<p>By making sure to eliminate all sources that could help prevent injury. If family brings nonslip shoes or shoes without laces it could help prevent falls and injury. Pt did not understand the concept of eliminating hazard sources and pt liked the idea of shoes without laces.</p>

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*. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

Pt denies pain verbally and nonverbally. Due to pts confusion, he could not understand the questions being asked. Pt also did not understand the outcomes and evaluations.

Nursing Diagnosis/Outcomes

Excessive fluid volume related to excessive fluid intake as evidenced by pitting edema +1.
Outcome is to reduce edema by limiting fluid intake and monitoring pts weights.
Potential for injury related to Alzheimer's Disease as evidenced by impaired judgment and inability to recognize danger in the environment.
Pt will remain safe from environmental hazards resulting from cognitive impairment.
Pt will remain in a safe environment with no complications or injuries obtained.
Staff will eliminate hazards in the pts environment.

Objective Data

Irregular labs
PERRLA: normal
Wound: 2cm x 1.5cm by 0.8cm in depth.

Vitals:
BP: 130/84
RR: 18
T: 98.0 F
SpO2%: 93%
P: 74

Pts pain: 0

Patient Information

77-year-old, white male, retired and widowed. Pt has no pain. Pt is 171.8 lbs and 5'8".
Skin Cancer
Alzheimer's Disease, Dementia, hyperlipidemia, hypertension, unspecified convulsions.

Nursing Interventions

Limit fluid intake
Monitor pts weight.
Eliminate or minimize identified environmental risks.
Have family provide nonslip shoes and if possible, shoes without laces.



