N321 Care Plan #3

Lakeview College of Nursing

Name Christine Nlandu

## Demographics (3 points)

| Date of Admission<br>2/28/2021 | Patient Initials<br>PB | Age<br>67 | Gender<br>M |
|---|---|---|---|
| Race/Ethnicity<br>White | Occupation<br>Retired | Marital Status<br>Single | Allergies<br>Golimumab |
| Code Status<br>Full code (no ACP docs) | Height<br>5'11" | Weight<br>171 bl | |

## Medical History (5 Points)

**Past Medical History: Diabetes mellitus type 2 with circulatory disorder, Localized edema both legs, infection wound leg, elevated lactic acid level, Hypertension, cellulitis of both legs, rheumatoid arthritis, stroke, COPD, fracture of right foot.**

**Past Surgical History: hernia and tonsillectomy.**

**Family History: Father died of heart failure and mother diet of diabetes. Client has 4 children (2 boys and 2 girls), all of them are healthy.**

**Social History (tobacco/alcohol/drugs): Client states that he smokes one pack of cigarette a day for 20 years. He used to drink 7 beers a day for 30 years and stopped about 2 months ago.**

**Assistive Devices: Client currently uses walker and cane.**

**Living Situation: Client lives at home alone, and he is often visited by one of his daughters.**

**Education Level: Client has a college degree.**

## Admission Assessment

**Chief Complaint (2 points): Altered mental status**

**History of present Illness (10 points): On February 28th, a 67 white, single male was admitted to the ED for altered mental status that probably started couple days ago. Patient reported that his daughter who usually comes to visit him, came at home and found him confused and lethargic. His daughter brought him to ER for treatment. Patient reported that" I have not been sleeping for 2 months because of the pain caused by rheumatoid arthritis and wounds on my both legs." Patient stated that "this is the worse disease you never get in the world." Client reported that lack of sleep worsens his memory, and nothing could improve it. Client says that he has not taken any medication to improve his memory. The patient is admitted to the hospital and has been given medication such as acetaminophen, aspirin, amoxicillin, and bacitracin to treat the under lying conditions.**

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points): Cellulitis**

**Secondary Diagnosis (if applicable): Sepsis**

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

**Cellulitis is the most frequent infectious that causes limb swelling. Although, cellulitis mostly occurs in the lower legs, it can also appear in arms, face, and other body parts. Cellulitis can appear as a single isolated event or intermittent event. Most causes of cellulitis are streptococcus and staphylococcus. Bacteria enter the skin through surgical sites, punctured wounds, ulcers, dermatitis, cuts, and animal bites, which is the most**

**common portal of entry of bacteria (Hinkle & Cheever, 2018). When skin breaks down, it allows opportunistic bacteria to penetrate the wound and release their toxins. After releasing toxins, the infection spreads over surrounding subcutaneous tissues. Clinical manifestation of cellulitis includes warmth, malaise, swelling, blisters, skin dimpling, localized erythema, tenderness, pain is linked to systemic signs of fever, sweating, and chills (Frandsen & Pennington, 2018). Erythema is characterized by not identical, skips areas, and splitting like orange peel appearance (Hinkle & Cheever, 2018).**

**If the infection is not treated toxins can enter the lymphatic system and blood stream. This can lead to sepsis, osteomyelitis, meningitis, endocarditis, lymphangitis, septic shock, recurrent infection of cellulitis, chronic swelling of the limb, and gangrene. Some risk factors for developing cellulitis including injury, lymphoma, obesity, skin condition, history of cellulitis, immunosuppression, chronic swelling on upper and lower extremities, diabetes mellitus type two, and comorbidity. Diagnostic of cellulitis is done with blood culture to identify the specific organism causing the cellulitis; a complete blood count (CBC) to determine blood count level, physical symptoms, and creatinine to assess kidney function. Preventive methods of cellulitis would be washing the wound every day, Appling a protective cream, covering the wound with a bandage, and observing signs of infection. Client with poor circulation and diabetes need to take extra precautions to avoid skin damage. These clients need to trim toenails and fingernails cautiously, inspect their feet every day, treat any superficial skin infect, and moisturizing skin regularly. Treatment of cellulitis include use of antibiotics, wound care, incision, drainage, and surgery in severe cases (Hinkle & Cheever, 2018).**

**In the case of my patient, a CBC and wound culture were done to assist in the diagnostic and the results confirmed the diagnosis. Blood culture was also ordered to rule out sepsis and the result came back negative, means client does not have systemic infection at this time. Client has been given antibiotic to treat current infection and prevent recurrent events; an ointment is being used for wound care. In addition, patient is taking other medications to treat other underlying conditions like diabetes and chronic swelling due to rheumatoid arthritis. Clinical data about cellulitis reports that previous cellulitis and factors causing skin barrier interruption for instance sole anomalies, ulceration, venous insufficiency, eczema, intertrigo, and limb edema were the risk factors for lower limb cellulitis (Norazirah et al., 2020). Since this patient has edema on lower legs, is one of the factors caused his cellulitis.**

**Pathophysiology References (2) (APA):**

**Frandsen, G., & Pennington, S. S. (2018).** ***Abrams's Clinical Drug Therapy: Rational for Nursing Practice*** **(12th ed). Wolters Kluwer.**

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

**Norazirah M. N., Khor I. S., Adawiyah J., Tamil A. M., & Azmawati M. N. (2020). The risk factors of lower limb cellulitis: A case-control study in a tertiary centre.** ***Malaysian Family Physician*****.**

**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** | **M:4.5-6 million F: 4-5.5 million** | **4.13** | **3.92** | **RBCs is low when there is a decrease production in the bone marrow, kidney impairment, anemia, certain medication, and hemorrhage. Client is under furosemide, lisinopril, amoxicillin, and acetaminophen, aspirin, which have side effect of hemolytic anemia (Hinkle & Cheever, 2018).** |
| **Hgb** | **M: 14-16g/dl F: 12-15 g/dl** | **11.7** | **11.3** | **Hgb decreases during anemia, fluid retention, renal failure, chronic diseases, and recent hemorrhage. Client is under furosemide, aspirin, lisinopril, amoxicillin, and acetaminophen, which have side effect of hemolytic anemia (Hinkle & Cheever, 2018)** |
| **Hct** | **M: 35-47% F: 42-52%** | **36.2** | **34.1** | **Hct decreases during anemia, fluid retention, renal failure, chronic diseases, and recent hemorrhage. Client is under furosemide, aspirin, lisinopril, amoxicillin, and acetaminophen, which have side effect of hemolytic anemia (Hinkle & Cheever, 2018)** |
| **Platelets** | **150,000-400,000 cells mm3** | **385** | **400** | |
| **WBC** | **4,500-11,000 cell/mm3** | **12.00** | **11.10** | **Elevated WBC is due to infection, inflammation, leukemia, stress, and steroid use. Client has infection wound leg and inflammation from the rheumatoid arthritis (Hinkle & Cheever, 2018)** |
| **Neutrophils** | **45-75%** | **82.3** | **N/A** | **Neutrophil are elevated during inflammation, infection, leukopenia, stress, and steroid usage. Client has infection wound leg and inflammation from the rheumatoid** |

| | | | | |
|---|---|---|---|---|
| | | | | **arthritis (Hinkle & Cheever, 2018)** |
| **Lymphocytes** | **20-40%** | **9.1** | **N/A** | **Lymphocytes decrease in immunosuppression, Infectious diseases such as HIV/AIDS, autoimmune disorders and bonne morrow suppression. Client has an autoimmune disease (rheumatoid arthritis) and infection wound leg (Hinkle & Cheever, 2018).** |
| **Monocytes** | **4-6%** | **6.0** | **N/A** | |
| **Eosinophils** | **¿ 7%** | **1.4** | **N/A** | |
| **Bands** | **¿ 0-5%** | **N/A** | **N/A** | |

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

| Lab | Normal Range | Admission Value | Today's Value | Reason For Abnormal |
|---|---|---|---|---|
| **Na-** | **135-145 mmol/L** | **132** | **133** | **Hyponatremia occurs when the body losses sodium from the kidney, GI track, adrenal insufficiency, osmotic diuretic use, salt-losing nephritis, diarrhea, and vomiting. Client is under furosemide (Hinkle & Cheever, 2018).** |
| **K+** | **3.5-5.0 mmol/L** | **4.0** | **4.1** | |
| **Cl-** | **98-107 mmol/L** | **97** | **97** | **Hypochloremia can be caused by Addison's disease, GI loss, ketoacidosis, excessive sweating, burns, medication, less chloride intake, metabolic alkalosis, and so on. Client is under furosemide, which decreases chloride level. (Hinkle & Cheever, 2018).** |
| **CO2** | **35-45 mm Hg** | **28** | **27** | **CO2 is loss during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has COPD (Hinkle & Cheever, 2018).** |
| **Glucose** | **70-100 mg/** | **234** | **292** | **A high sugar level in the blood** |

| | | | | |
|---|---|---|---|---|
| | **dL** | | | **indicates diabetes, medicine side effect, or stress. A normal fasting glucose is 70-100. Client is under Atorvastatin, which can affect blood glucose reading (Hinkle & Cheever, 2018).** |
| **BUN** | **8-25 mg/dL** | **11** | **10** | |
| **Creatinine** | **0.6-1.3 mg/ dL** | **0.54** | **0.63** | **Creatinine decreased during muscle atrophy, inadequate protein intake, liver disease, and loss of muscle, kidney function. In this client decreased creatinine level might be due to inadequate protein intake (Hinkle & Cheever, 2018).** |
| **Albumin** | **3.5-5.2 mg/ dL** | **2.4** | **N/A** | **Decreased albumin is shown in patient with liver disease, kidney disease, low protein diet, celiac disease, inflammation, Crohn disease. Patient has an active inflammation (Hinkle & Cheever, 2018).** |
| **Calcium** | **8.6-10 mg/dL** | **8.5** | **8.6** | **Calcium decreases when patient has malnutrition, cirrhosis, chronic renal failure, hypoparathyroidism, hypomagnesemia, alcoholism. The patient has a history of alcohol intake and is under furosemide (Hinkle & Cheever, 2018).** |
| **Mag** | **1.3-2.3 mEq/L** | **N/A** | **N/A** | |
| **Phosphate** | **2.5-4.5 mg/ dL** | **N/A** | **N/A** | |
| **Bilirubin** | **0.1-1.4 mg/ dL** | **N/A** | **N/A** | |
| **Alk Phos** | **44-147 U/L** | **N/A** | **N/A** | |
| **AST** | **10-30 U/L** | **N/A** | **N/A** | |
| **ALT** | **10-40 U/L** | **N/A** | **N/A** | |

| | | | | |
|---|---|---|---|---|
| **Amylase** | **30-110U/L** | **N/A** | **N/A** | |
| **Lipase** | **0-160 U/L** | **N/A** | **N/A** | |
| **Lactic Acid** | **0.5-2.2 mmol/L** | **N/A** | **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** | **2-3** | **1.1** | **N/A** | **INR is used to test the effectiveness of oral anticoagulant. The patient has low INR means the oral anticoagulant is not effective (Hinkle, 2018).** |
| **PT** | **M:9.6-11.8 sec F:9.5-11.3 sec** | **13.6** | **N/A** | **The patient is within the abnormal range because client is under aspirin, antiplatelet to prevent clot formation (Hinkle & Cheever, 2018).** |
| **PTT** | **30-40 sec** | **N/A** | **N/A** | |
| **D-Dimer** | ¿ **250 ng/mL** | **N/A** | **N/A** | |
| **BNP** | ¿100 *ng/L* | **N/A** | **N/A** | |
| **HDL** | **> 60** | **N/A** | **N/A** | |
| **LDL** | ¿130 *mg/dL* | **N/A** | **N/A** | |
| **Cholesterol** | ¿200 *mg/dL* | **N/A** | **N/A** | |
| **Triglycerides** | ¿ **150 mg/dL** | **N/A** | **N/A** | |
| **Hgb A1c** | **4-5.6 %** | **N/A** | **N/A** | |
| **TSH** | **0.5-5.0 mlU/L** | **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 | Colorless-yellow, clear | yellow | yellow | |
| pH | 4.5-8 | 7.0 | N/A | |
| Specific Gravity | 1.005-1.035 | 1.023 | N/A | |
| Glucose | none | 3+ | N/A | Proteinuria is present during dehydration, inflammation, low blood pressure, stress, and aspirin therapy. Client is under aspirin therapy and has inflammation (Hinkle & Cheever, 2018). |
| Protein | none | negative | N/A | |
| Ketones | none | negative | N/A | |
| WBC | None or rare | negative | N/A | |
| RBC | None or rare | negative | N/A | |
| Leukoesterase | none | negative | N/A | |

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

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| Urine Culture | ≥ 100,000/ml | N/A | N/A | |
| Blood Culture | | Negative | N/A | |
| Sputum Culture | | N/A | N/A | |
| Stool Culture | | N/A | N/A | |

**Lab Correlations Reference (1) (APA):**

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

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points):**

**CT scan: brain evidence of prior ischemic change involving both right and left occipital lobe. Right greater than left. No evidence of acute intracranial bleed or infarct. Ventricles unremarkable, no ventriculomegaly. Bone and joint unremarkable.**

**Chest X-Ray single view: lungs: linear density between right lobe lower discoid atelectasis or scarring pleural space: unremarkable. Bone and joint: unremarkable.**

**ECG: atrial fibrillation with rapid ventricular response low voltage QRS, septal infarct age undetermined normal ECG.**

**Diagnostic Test Correlation (5 points):**

**Patient presented with altered mental status and the provider would likely order a CT scan to investigate blood flow to rule out a neurological condition. ECG to rule out impaired cardiac electrical activity; and a chest x-ray to rule out any respiratory issue. Since CT did not show any new neurological issue, lab cultures were ordered and the results revealed heavy streptococcus infection from the wound culture, this confirmed that client has a cellulitis, so I am confident in this.**

*** Since this client came with altered mental status as a nurse, a urinalysis should be ordered to rule out urinary tract infection (UTI) because UTI is one of causes of confusion in old adults.**

**Diagnostic Test Reference (1) (APA):**

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

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

**Home Medications (5 required)**

| **Brand/ Generic** | **Atorvastatin/ Lipitor (Jones & Bartlett, L, 2020, P. 106-108).** | **Lisinopril/ Prinivil, Zestril (Jones & Bartlett, L, 2020, P. 716-718).** | **Metoprolol/ Tartrate/ Lopressor (Jones & Bartlett, L, 2020, P. 794-797).** | **Glipizide/ Glucotrol (Jones & Bartlett, L, 2020, P. 558-560).** | **Furosemide/ Lasix (Jones & Bartlett, L, 2020, P. 538-541).** |
|---|---|---|---|---|---|
| **Dose** | **40 mg** | **10 mg** | **100 mg** | **5 mg** | **20 mg** |
| **Frequency** | **Every evening** | **daily** | **2 times /daily** | **2 times /daily** | **daily** |
| **Route** | **oral** | **oral** | **oral** | **skin** | **oral** |
| **Classification** | **antihyperlipidemic** | **Angiotensin-converting enzyme inhibitor** | **Beta1 adrenergic blocker** | **Antidiabetic** | **Loop diuretic** |
| **Mechanism of Action** | **Reduces cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in liver by increasing LDL receptors on liver to enhance LDL uptake and breakdown.** | **May reduce blood pressure by inhibiting conversion of angiotensin 1 to angiotensin two.** | **Inhibits stimulation of beta 1 receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.** | **Stimulates insulin release from beta cells in pancreas. Glipizide also increases peripheral tissue sensitivity to insulin.** | **Inhibit sodium and water reabsorption in loop of Henle and increase urine formation.** |
| **Reason Client** | **To reduce risk** | **To treat** | **To treat** | **To control** | **To reduce** |

| | | | | | |
|---|---|---|---|---|---|
| **Taking** | **of another stroke** | **hypertension** | **irregular heartbeat** | **blood sugar level in type 2 diabetes mellitus.** | **edema in the lower extremities.** |
| **Contraindications (2)** | **Active hepatic disease & hypersensitivity to atorvastatin.** | **Client with diabetes & history of angioedema.** | **Sick sinus syndrome & acute heart failure** | **Ketoacidosis & hypersensitivity to glipizide.** | **Anuria & hypersensitivity to furosemide.** |
| **Side Effects/Adverse Reactions (2)** | **Cognitive impairment & arrhythmia** | **Hemolytic anemia & hyperglycemia** | **Arrhythmias &confusion** | **Insomnia & tremor** | **Anemia & hypokalemia** |
| **Nursing Considerations (2)** | **Monitor glucose in client with diabetes Because atorvastatin can increase blood glucose & expect liver function tests to be performed before giving this medicine.** | **Monitor glucose & serum potassium.** | **Monitor client for signs of poor glucose control in client with diabetes & monitor patient with peripheral vascular disease for evidence of arterial insufficiency.** | **Use caution in patient with glucose 6-phosphate dehydrogenase deficiency because hemolytic anemia may develop & monitor CBC closely and blood glucose.** | **Client who are allergic to sulfonamides may also be allergic to furosemide & Furosemide can worsen left ventricular hypertrophy.** |

**Hospital Medications (5 required)**

| **Brand/ Generic** | **Acetaminophen/ Tylenol (Jones & Bartlett, L, 2020, P. 9-12).** | **Amoxicillin /Amoxil (Jones & Bartlett, L, 2020, P. 63-65).** | **Aspirin/ Bayer (Jones & Bartlett, L, 2020, P. 97-99).** | **Bacitracin/ Ointment OINT (Jones & Bartlett, L, 2020).** | **Digoxin/ Lanoxin (Jones & Bartlett, L, 2020, P.339-342).** |
|---|---|---|---|---|---|
| **Dose** | **650 mg** | **50 mg** | **81 mg** | **½ in trip of ointment** | **0.125 mg** |
| **Frequency** | **Every 4 hours PRN** | **3 times/daily** | **Daily** | **Daily** | **Daily** |
| **Route** | **Oral** | **Oral** | **Oral** | **Topical** | **Oral** |
| **Classification** | **Antipyretic, nonopioid analgesic** | **Antibiotic** | **NSAID** | **Antibiotic** | **Antidysrhythmic** |
| **Mechanism of Action** | **Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.** | **Kills bacteria by binding to and inactivating penicillin - binding proteins on the inner bacterial cell wall, weakening the bacterial cell wall and causing lysis.** | **Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Anti-inflammatory** | **Stops the growth of certain bacteria** | **Increases the force and velocity of myocardial contraction, resulting in positive inotropic effects. Digoxin produces antiarrhythmic effect by decreasing the conduction rate and increasing the effective refractory** |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | **period of the AV node.** |
| **Reason Client Taking** | **To relieve pain.** | **To treat cellulitis.** | **To reduce pain from rheumatoid arthritis and the risk of stroke.** | **To treat skin wound** | **Atrial fibrillation** |
| **Contraindications (2)** | **Sever hepatic impairment & active liver disease.** | **Anaphylaxis due amoxicillin & other bet-lactam antibiotics or their product.** | **Coagulation disorder & hypersensitivity to aspirin.** | **Renal failure & Oliguria** | **Ventricular fibrillation & Ventricular tachycardia.** |
| **Side Effects/Adverse Reactions (2)** | **Neutropenia &hemolytic anemia** | **Hemolytic anemia & erythema multiforme.** | **Confusion & hepatotoxicity** | **Skin rash & nephrotoxic reaction** | **Confusion & blurred vision** |
| **Nursing Considerations (2)** | **Long-term use monitor liver enzyme (AST, ALT) and renal function** | **Monitor diarrhea and superinfection.** | **Do not crush timed-release tablet & ask about tinnitus** | **Do not use to treat deep wounds and animal bites** | **Take apical pulse before giving each dose & Monitor sings of digitalis toxicity.** |

**Medications Reference (1) (APA):**

**Jones & Bartlett Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.**

**Assessment**

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **Client appears alert and oriented to person, place, and time. Well groomed with no acute distress. Client speaks English with fluent speech.** |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:** .<br>**Braden Score:**<br>**Drains present: Y☐ N ☒**<br>**Type:** | **Braden score: 16**<br>**Patient's skin is warm, pink, and dry. The patient gets bruise easily in hands, lesion on the right arm, wound in the lower legs, hair normal distribution. No clubbing, normal skin turgor.** |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **Head normocephalic and neck is symmetrical, trachea is midline without deviation, normal thyroid, carotid pulse palpable 4+ bilateral. Ear canal clear and tympanic membrane is pearly grey. Pupils: react to the right side but not to the left. Client has poor peripheral vision and vision distortion says the client. Conjunctive pink, client wears glasses, nose midline no polyp, and partial denture replacement.** |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☒ N ☐**<br>**Location of Edema: Lower legs.** | . **The patient is on telemetry, heart beats very fast in irregular pattern, bounding peripheral pulse 4+ throughout bilateral, capillary refill less than 3 sec, no cyanosis or coldness. Nonpitting edema 2+.** |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | **Normal rhythm, rate, and respiration is not labored bilateral, no crackles noted bilateral. Decreased breath sound noted.** |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:** | **Client does not respect diabetes & cardiac diet home. Hospital: diabetes and cardiac diet.** |

| | |
|---|---|
| **Current Diet**<br>**Height: 5'11"**<br>**Weight: 171 lb**<br>**Auscultation Bowel sounds:**<br>**Last BM: today**<br>**Palpation: Pain, Mass etc.: N/A**<br>**Inspection: normal**<br>**Distention: N/A**<br>**Incisions: N/A**<br>**Scars: N/A**<br>**Drains: N/A**<br>**Wounds: lower legs, dermic layer, and clean.**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | **Abdomen is soft, nontender, no mass, noted during palpation for all four quadrants. Normal bowel sound bilateral, no CVA tenderness noted.** |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:**<br>**Catheter: Y ☒ N ☒**<br>**Type:**<br>**Size:** | **The patient reported that the urine was yellow, normal quantity, no odor, no pain during urination when using the urinal** |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y☒ N ☐**<br>**Fall Risk: Y ☒ N☐**<br>**Fall Score: 50**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | **Fall risk: 50**<br>**Patient is alert and oriented to person, place, and time. Negative Homan sign, normal ROM, no equal strength 4/5 and cannot make a fist. Client can stand up with assistance and walker.** |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☐ N☒**<br>**Strength Equal: Y ☐ N ☒ if no -** | **The patient is awake, oriented, no equal strength, normal LOC, with sensory deficit, normal pace of speech. Client was able to squeeze my hand but cannot make a first due** |

| | |
|---|---|
| **Legs ☐ Arms ☒ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | **to rheumatoid arthritis.** |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** | **..Pt is using family support for coping method, mature, has a college degree, does not have religion preference, lives home alone.** |

**Vital Signs, 2 sets (5 points)**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 1740 | 122 | 118/78 | 18 | 97.7 | 95 % room air |
| 330 | 115 | 106/72 | 18 | 98.3 | 94 % room air |

**Pain Assessment, 2 sets (2 points)**

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 1740 | 4/10 | Both lower legs | moderate | dull | No intervention currently. |
| 330 | 5/10 | Both lower legs and hands | moderate | dull | Non medication currently. Elevated lower leg above heart level. |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV: 20 G**<br>**Location of IV: left arm radial**<br>**Date on IV: 2/28/21**<br>**Patency of IV: easy flashed**<br>**Signs of erythema, drainage, etc.: N/A**<br>**IV dressing assessment: clean and dry** | Saline locked. |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **480** | **390** |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: Give insulin if blood sugar is high.**

**Procedures/testing done: Blood and wound culture, CT scan, ECG, and chest x-ray.**

**Complaints/Issues: patient still complaining about pain.**

**Vital signs (stable/unstable): vital signs are not stable.**

**Tolerating diet, activity, etc.: Client does not respect diabetes and cardiac diet. Client stands up with assistance and a walker.**

**Physician notifications: follow up with cardiologist.**

**Future for patient: The altered mental status resolved, client will be discharge tomorrow.**

**Discharge Planning (2 points)**

**Discharge location: Home**

**Home health needs (if applicable): Skilled nurse and physical therapy.**

**Equipment needs (if applicable): walker and cane.**

**Follow up plan: two weeks follow up with the provider.**

**Education needs: Preventing a recurrent infection, skin and foot care, wound care, fall risk, and fluid intake.**

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

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Risk for infection related to skin excoriation as evidenced by a positive wound culture.** | **This diagnosis is chosen because client has infected wound** | **1.Assess signs and symptoms of infection.**<br><br>**2.Assess the skin for severity of skin integrity compromise** | **After dressing changed, client was happy to see his wounds getting better and want to continuous taking care of them at home.** |
| **2. Impaired skin integrity related to inflammation of the skin secondary to cellulitis as evidenced by swelling, erythema, and warmth of both legs.** | **This diagnosis was chosen because client exhibit signs of inflammation.** | **1. Assess skin, noting color, moisture, texture, temperature, erythema, and tenderness.**<br><br>**2.Assess skin for lesions, noting the presence of excoriations, erosions, fissures or ticking.** | **Client verbalized that he will be taking prescribed medicine to get rid of the inflammation.** |

| | | | |
|---|---|---|---|
| **3. Disturbed body image related to visible skin lesions as evidenced by wound in both legs** | **Nurse needs to understand the client's attitude about visible changes in the appearance of the skin that occur with cellulitis.** | **1. Assess client's behavior related to appearance.**<br><br>**2Assess client's perception of changed appearance.** | **Client verbalizes feeling about lesions and will continues daily activities and social interactions.** |

**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.**

**Vera, M. M. (2019). Dermatitis nursing care plans. https://nurseslabs.com/dermatitis-nursing-care-plans/2/**

**Concept Map (20 Points):**

**Subjective Data**

Pain
Altered mental status per daughter.
This is the worse disease you never get in the world.
Lack of sleep worsen the memory.
I do not take pain pills at home.

**Nursing Diagnosis/Outcomes**

Impaired skin integrity.
Outcome: Client will re-establish healthy skin integrity by following treatment regimen for cellulitis.
Risk for infection.
Outcome: patient remains free of secondary infection.
Disturbed body image.
Outcome: Client verbalizes feeling about lesions and continues daily activities and social interactions.

**Objective Data**

CT scan
ECG
Chest x-ray.
Blood culture
Creatinine
Swelling & erythema
Edema
Wound

**Patient Information**

A 67 years old, white male was brought to the ED by daughter for altered mental status. Client has a health history of Diabetes mellitus type 2, local edema, COPD, stroke, and rheumatoid arthritis.

**Nursing Interventions**

Assess the patient ‘s perception of changed appearance.
Assess the patient’s behavior related to appearance.
Assess skin, noting color, moisture, texture, temperature, erythema, and tenderness.
Assess skin for lesions. Noting presence of excoriations, erosions ssures, or thickening.
ssess sings of infection.
ssess for severity of skin integrity compromise.
levated legs above the heart level.
Wound care.
Monitor labs.