N311 Care Plan # 1

Lakeview College of Nursing

Kaniqua Barnes-McMillian

Demographics (5 points)

Date of Admission 02/09/2021	**Patient Initials** GW	**Age** 72	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Truck driver	**Marital Status** Single	**Allergies** Azithromycin, flu virus vaccine, hydralazine HCl, Vancomycin HCl
Code Status Full Code	**Height** 6'5 (195.6cm)	**Weight** 148 lb. (67.4 kg)	

Medical History (5 Points)

Past Medical History: PAD, blind in right eye, anemic, PTSD, HTN, neuropathic pain of lower extremities, and alcoholism.

Past Surgical History: Lumbar fusion (2000), right leg amputation lower extremities tibia and fibula (2019), femoral bypass surgery, back surgery, and cataract removal (2005).

Family History: Mother (Deceased) – Alcohol abuse, heart disease, Father (Deceased)- Alcohol abuse, Brother- Coronary artery disease, Son- Migraines.

Social History (tobacco/alcohol/drugs): Patient stated: "I smoke 1 pack a day for over 50 years, and will till I die." Patient reports previous alcohol abuse but " drinks a beer or so once a day.

Assistive Devices: Patient stated: "I get around comfortably with a fake leg and a cane". Patient currently is also using a wheelchair.

Living Situation: Patient lives at home with his son

Education Level: Patient has a high school diploma and CDL to drive trucks.

Admission Assessment

Chief Complaint (2 points):"Swelling of my left leg and it started to look black and green"

History of present Illness (10 points):. A couple weeks before getting admitted to OSF, the patient family member suggested that the patient should get their leg checked out (onset). The patient was admitted to OSF on February 9th at 1445. Patient complained of feeling pain in left leg and also seemed to be swollen (location). Patient stated: “The pain got worse as the day got later (duration). The patient described the pain as a “sharp pain that will travel from lower leg to foot” (characteristics). Patient reported noticing their skin changing to black and green on their left leg (associated). Patient stated: “I will just rest to make the pain lessen but it never completely goes away ” (relieving). The patient says that pain medication work (treatment). Patient has history of PAD so has been admitted to the hospital for second amputation of there remaining leg. The patient was admitted to the hospital for possible cellulitis of the left leg.

Primary Diagnosis

Primary Diagnosis on Admission (3 points):. Peripheral artery disease

Secondary Diagnosis (if applicable):. Cellulitis of the left leg

Pathophysiology of the Disease, APA format (20 points): Phantom pain is described as a pain that originates in an amputated part of the body (Capriotti, 2020). Phantom pain is also described as a burning, stinging, or cramping pain (Capriotti, 2020). It is sometimes more common right after amputation and very intense (Capriotti, 2020). Although my patient had his first amputation procedure a year ago, he was still experiencing intense phantom pain. It is said to be more common right after amputation procedure, but the patient had a rare case. Phantom pain is usually worse at night and can be worsen with stress and anxiety (Capriotti, 2020). Phantom pain can be better understood by a theory called neuromatrix. “ The body extremities

are part of the neruosignature impressed upon the neuromatrix since birth. Well-developed neurological pathways are part of the neruosignature, and the brail still perceives the extremities despite amputation" (Capriotti, 2020, para 2). In simple terms, your brain remembers that there was once a leg there and sends out a signal. Once the brain realize the signal does not go all the way down to your leg like it use to, it panics and the pain signal is activated. Since phantom pain is subjective there is no diagnostic test to confirm besides what the patient states. The treatment consists of analgesics medication to help relieve the pain. Sometimes the pain medication does not work the patient needs to be reassessed. The patient received pain medication every 4 hours but the patient was in distress and asking for more medication. In this case the nurse needs to reassess the patient pain and talk to the doctor. The nurse priority is relieving the patients' pain. Since the nurse diagnose is pain, the patient should be educated on different ways to relief pain besides using medication.

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

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	3.90-4.98x10^6/mcL	5.08	4.36	The patient stated that he has been smoking a pack of cigarette for 50 years, which can cause elevated red blood cells. Smoking prevents adequate amounts of oxygen to get to the bone marrow. This tricks the brain

				to think that more red blood cells need to be reproduced (Malencia, 2017).
Hgb	12.0-15.5g/dL	13.9	11.8	n/a
Hct	35-45%	44	37.8	n/a
Platelets	140-400K/ mcL	512	724	The patient was diagnosed with cellulitis and had a major surgery amputating the lower left leg, which caused a spike in platelets count. The body is trying to clot where the surgical procedure happened (Capriott, 2020).
WBC	4.0-9.0K/mcL	9.73	13.52	The patient second diagnosis was cellulitis, which is an infection from bacteria .The immune tries to fight off the infection by increasing the white blood cells (Capriott, 2020).
Neutrophils	40-70%	n/a	n/a	n/a
Lymphocytes	10-20%	10.1	n/a	n/a
Monocytes	3.0-13.0%	6.5	n/a	n/a
Eosinophils	0-8.0%	.6	n/a	n/a
Bands	0.0-10.0%	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-	**135-145mmol/L**	**137**	**136**	
K+	**3.5-5.1mmol/L**	**4**	**4**	
Cl-	**98-107mmol/L**	**105**	**101**	
CO2	**22-29mmol/L**	**28.3**	**25.3**	
Glucose	**70-99mg/dL**	**96**	**99**	
BUN	**7-18mg/dL**	**15**	**18**	

Creatinine	**0.50-1.00mg/dL**	**.77**	**.67**	
Albumin	**3.5-5.2g/dL**	**n/a**	**n/a**	
Calcium	**8.4-10.5mg/dL**	**9.6**	**8.9**	
Mag	**1.6-2.6mg/dL**	**1.9**	**1.8**	
Phosphate	**2.4-4.5 units/L**	**n/a**	**n/a**	
Bilirubin	**.3-1.0 mg/dL**	**n/a**	**n/a**	
Alk Phos	**34-104 units/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	**Yellow,clear**	**n/a**	**n/a**	
pH	**5.0-9.0**	**n/a**	**n/a**	
Specific Gravity	**1.003-1.013**	**n/a**	**n/a**	
Glucose	**Negative**	**n/a**	**n/a**	
Protein	**Negative**	**n/a**	**n/a**	
Ketones	**Negative**	**n/a**	**n/a**	
WBC	**0.0-0.5**	**n/a**	**n/a**	
RBC	**0.0-3.0**	**n/a**	**n/a**	
Leukoesterase	**Negative**	**n/a**	**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	**Negative**	**n/a**	**n/a**	
Blood Culture	**Negative**	**n/a**	**n/a**	
Sputum Culture	**Negative**	**n/a**	**n/a**	
Stool Culture	**Negative**	**n/a**	**n/a**	

Lab Correlations Reference (APA):

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

Malarkey, L. M., & McMorrow, M. E. (2012). *Saunders nursing guide to laboratory and diagnostic tests*. St. Louis, MO: Elsevier/Saunders.

Malenica, M., Prnjavorac, B., Bego, T., Dujic, T., Semiz, S., Skrbo, S., . . . Causevic, A. (2017, April). Effect of Cigarette smoking on HAEMATOLOGICAL parameters in healthy population. Retrieved March 09, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5511531/

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

CT Scan Completed 02/10/2021- The patient had a previous left leg amputation which was a major indicator that there right leg was having the same problem. The patient also had skin changes from black to green. The CT scan was able to show the amount of blood flowing threw the arteries.

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

Brand/ Generic	**Amlodipine**	Aspirin (chewable)	Cymbalta Duloxetine	Enoxaparin' (Lovenox)	Lisiopril, prinivil
Dose	5 mg	81 mg	60 mg	40units	20mg
Frequency	Once Daily	Once Daily	Once Daily	Once Daily	Once daily
Route	PO	PO	PO	Sub-Q	PO
Classification	Antianginal, Antihypertensive (Jones,	NSAID(anti-inflammatory, Antiplatelet,A	Antidepressant, neuropathic and	Anticoagunt (Jones, 2020).	Antihypertensive (Jones, 2020).

	2020).	ntip-yretic, Nonopioid analgesic (Jones, 2020).	musculoskeletal pain reliever (Jones, 2020).		
Mechanism of Action	**"Decreases peripheral vascular resistance, and reducing systolic and diastolic blood pressure" (Jones, 2020).**	"Blocks the activity of cycooxygnase, the enzyme needed for prostaglandin synthesis "(Jones,2020).	"Inhibits dopamine,neuronal serotonin,and Norepinephrine reuptake. Activities elevated mood and inhibit pain signals" (Jones,2020)	"It binds with antithrobin Which does not allow fibrinogen to convert to fibrin and clots cant form" (Jones,2020).	"May reduce blood pressure by inhibiting conversion of angiotensin1 to angiotensin 2" (Jones,2020) .
Reason Client Taking	To control hypertension	To relieve mild to moderate pain	To treat generalized anxiety disorder	To treat DVT	To treat hypertension
Contraindications (2)	Hypersensitivity To amlodipine or its component (Jones, 2020).	Active bleeding and coagulation disorders. (Jones, 2020).	Chronic liver disease and severe renal impairment (Jones, 2020).	Active major bleeding and Hypersensitive to benzyl Alcohol (Jones, 2020).	Diabetes and hereditary or idiopathic angioedema (Jones, 2020).
Side Effects/Adverse Reactions (2)	Anxiety and dizziness (Jones, 2020).	Confusion and hearing loss. (Jones, 2020).	Anger and abnormal dreams (Jones, 2020).	Bloody stools and pneumonia (Jones, 2020).	Arrhythmias and hypotension (Jones, 2020).

Medications Reference (APA):

Jones, D.W. (2020). Nurse's drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL:	**Patient was alert and oriented to person,**

Alertness: **Orientation:** **Distress:** **Overall appearance:**	**place, time, and situation. (x3)** **Patient was showing signs of distress and in extreme pain. Overall physical appearance was clean and well taking care of.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐ x** **Type:**	**Patient skin was warm, pink, and intact. The skin turgor is less than 3. There was some slight bruising near the surgical sight and slightly red. The Braden score is 12 which is high risk of getting pressure sore due immobility.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The patient head appear to be normocephalic. The neck seems to be symmetrical. The patient is death in the right ear and partially death in the left ear. The patient eyes show PERRLA and shows good ROM. The drainage or mucus from nose. The patient has no teeth but uses dentures.**
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X ☐**	**S1 and S2 were heard. I was not able to hear S3 or S4. The heartbeat seemed to be regular. I did not hear any murmur or anything unusual. I was able to palpate carotid, radial, and brachial pulses. Capillary refill was than 3.**
RESPIRATORY: **Accessory muscle use: Y☐ N x ☐** **Breath Sounds: Location, character**	**The patient had no abnormal lung sounds. There was no wheezing or crackle in the lungs. The respiration rate was 16, which is normal. The patient oxygen level was 96%, which is also normal. The patient did not show any dyspnea.**
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:**	**The patient states they usually eat frozen meals at home or maybe takeout at fast food restaurants sometimes.** **The patient height is 6'5 (195.6cm).** **The patient weight is 148lb (67.4kg).** **I was able to see bowel sounds in all 4 quadrants. The patient last bowel movement was yesterday night (03/01/2021). The patient denies any diarrhea or nausea. There are no**

Distention: **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	**signs of any scars or distention in the abdominal area. The patient does not have any drainage or wounds. The patient does not have an Ostomy or any feeding tubes or PEG tube.**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	**The patient did not have to use the bathroom while I was there. I ask the patient did they notice and unusual color or smell of their urine. The patient mention there was nothing unusual about their urine and they were able to go regularly. The patient id not on dialysis or does not have a catheter.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**The patient neurovascular status seems to be intact. The patient has control of all their senses. The client was able to display ROM without any assistance. The patient was able to display opposition with both hands. The client originally used one prosthetic leg but now ill be wheelchair bound. The patient is also using a gait belt to help get in wheelchair. Patient needs assistance with bathing and toileting but are able to eat all by himself. The patient current fall risk score is 50, which he is at high risk for falling. The patient upper extremities are strong on both sides. Patient have double amputation so will need assistance with a wheelchair. The patient also needs assistance being transported from bed to wheelchair.**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:**	**The patient is able to move upper extremities but is not able to move lower extremities due to double amputation. Eyes show PERLA signs. The patient has equal strength and both arms but no strength and legs due to double amputation. The patient is A&O x3 and is alert but seem to be in extreme pain. Patient speech seems to be normal and no signs slurs.**

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):**	**Patient states " I am just getting through it, day by day". Patient seems to be ok with both legs gone now. The patient does not identify with any religion. The patient has a son that watches after him.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:31	**77**	**104/68**	**16**	**97**	**96%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:21	**0/10**	**Left leg**	**7**	**Phantom pain**	**Pain medication**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
550 ml of water	**n/a was not able to see patient void**

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes,

			modifications to plan.
1. **Pain: Pain was related to phantom pain in left leg. The patient stated being in extreme pain.**	**The nursing diagnosis was chosen because the patient was very uncomfortable and in intensive pain majority of the time.**	**1. Can offer the patient a massage where the pain is located.** **2. The patient enjoyed watching the TV so it can be a distraction to not focus on the pain.**	• **The patient seemed in extreme distressed and was very uncomfortable.** • **The main goals were to relieve the pain, which nurses were getting in contact with the doctor. The outcome is to hopefully relieve the patient's pain.**
2. **Impaired Mobility as evidence by newly amputated leg**	**The patient received a second amputee of remaining leg and now while have to find different ways to get around.**	**1. Encourage the patient to practice getting in and out of the bed with using a wheelchair** **2.Helping patient readjust in the bed to make sure they are comfortable.**	**The patient seemed optimistic about learning how to get around with both legs gone. The patient will be wheelchair bound now because before he had a prosthetic leg.**

Overall APA format (5 points):

Concept Map (20 Points):

Subjective Data

The patient stated: " I need more pain medication, I am in extreme pain."
The patient stated: " The pain is in my left leg where I had my previous surgery."

Nursing Diagnosis/Outcomes

Acute Pain: Pain was related to phantom pain in left leg. The patient stated being in extreme pain.
Outcome: The patient seemed in extreme distressed and was very uncomfortable. The main goals were to relieve the pain, which nurses were getting in contact with the doctor. The outcome is to hopefully relieve the patient's pain
Impaired Mobility as evidence by newly amputated
The patient seemed optimistic about learning how to get around with both legs gone. The patient will be wheelchair bound now because before he had a prosthetic leg.

Objective Data

The patient had elevated WBC,RBC, and platelets which is can be an indication of the cellulitis infection.
CT revealed that patient had inadequate blood flow to the lower leg, which is how he was diagnosed with PAD.

Patient Information

The patient is an 72 year old male with history of PAD,HTN,PTSD, and neuropathic pain to lower extremities. The patient was admitted on 02/09/2021 due PAD in the remaining right leg and cellulitis.

Nursing Interventions

Can offer the patient a massage where the pain is located.
The patient enjoyed watching the TV so it can be a distraction to not focus on the pain
Encourage the patient to practice getting in and out of the bed with using a wheelchair
2.Helping patient readjust in the bed to make sure they are comfortable.