N321 Care Plan 3

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 03/10/2021	**Patient Initials** CS	**Age** 70 yo (10/13/1950)	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** NKDA
Code Status Full	**Height** 5'5"	**Weight** 157 lb.	

Medical History (5 Points)

Past Medical History: HTN, Hypercholesteremia, Osteoarthritis, Thoracic stenosis, Torn meniscus (left knee)

Past Surgical History: Left hip replacement (2015), Cesarean delivery (1980, 1983), total hysterectomy (1996), Appendectomy (2021)

Family History: Mother (Deceased)- Osteoporosis, Depression, Alzheimer's Father (Deceased)- Bladder cancer, HTN, Multiple myeloma, Depression Maternal Grandfather (Deceased)- Cancer (type unknown) Maternal Grandmother (Deceased) Diabetes Mellitus

Social History (tobacco/alcohol/drugs): Patient stated: "I quit smoking 39 years ago, I smoked about a pack a day. I drink a glass of wine with dinner and one before bed it helps me relax".

Assistive Devices: None

Living Situation: Patient lives with her husband. They do not have any animals.

Education Level: Patient stated: "I graduated with my master's degree in public health from the University of Illinois".

Admission Assessment

Chief Complaint (2 points): Right abdominal pain

History of present Illness (10 points): Patient stated: “On Tuesday night I went to bed with nausea, I thought that it was something that I had eaten. At two in the morning on Wednesday, my right side started hurting and I thought that it was from working out on Monday (onset and location). Wednesday morning, I laid around and ate some oatmeal. At noon, I became very nauseous but did not vomit (associated). The pain was dull, achy, and constant. It was a 5/10 when sitting and a 9/10 with movement (duration and characteristics). I used a heating pad and laid in bed, but nothing helped (relieving). At one in the afternoon, I went to convenient care and the physician’s assistant did a urinalysis which was negative for a UTI. My lower right abdomen was tender when she touched it, so she sent me for a CT scan at Christie Clinic. Christie clinic told me to wait for my physician’s assistant to call. A few hours later, the physician’s assistant called and told me to go to Carle for surgery. I was there several hours waiting for my surgery which kept getting delayed because the surgical team had emergency surgeries coming in. While in the waiting room, I developed chills and got sick (associated). The surgeon arranged for my procedure to take place at OSF, so I came here and had surgery at 10 in the evening”. Patient reports this is the first time she has experienced these symptoms (treatment).

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute appendicitis

Secondary Diagnosis (if applicable):.

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

Appendicitis is the inflammation of the appendix. The appendix is a pouchlike area that extends from where the small intestine and large intestine meet (Capriotti, 2020). Appendicitis affects ten out of 100,000 people annually in the United States. It typically affects children and

younger adults but can affect the elderly (Capriotti, 2020). Risk factors for appendicitis include having a family history of appendicitis, consuming a low fiber diet which can cause calcified stools, trauma, being male, enlarged lymph nodes due to a bacterial or viral infection, and cystic fibrosis (Capriotti, 2020). The appendix can become inflamed because of kinking, blockage by calcified stool, and secondary to inflammation or infection (Hinkle & Cheever, 2018). When the appendix is inflamed, pressure builds up inside of it. This increased pressure narrows the lumen, reducing blood flow to the appendix. As a result, mucus builds up, creating an ideal environment for bacteria to grow (Hinkle & Cheever, 2018). If left untreated, the appendix can burst, emptying mucus, bacteria, and WBCs into the peritoneal cavity (Hinkle & Cheever, 2018). A patient diagnosed with appendicitis may experience vague and dull pain near the belly button, sharp pain in the right lower quadrant that worsens with movement, fever, nausea, vomiting, and constipation (Hinkle & Cheever, 2018). During the physical assessment, the physician will assess for appendicitis by pressing on McBurney's point, check for rebound tenderness (Rovsing’s sign), check for a positive Obturator sign (internal and external rotation of the hip), and a positive Psoas sign (pain with flexion of the right hip). Appendicitis is diagnosed based on physical exam findings, elevated WBCs, and either an abdominal CT scan, ultrasound, or abdominal X-ray (Capriotti, 2020). Some appendicitis cases recover by antibiotics alone. However, if the surgeon believes that the appendix may rupture, the patient has an appendectomy or surgery to remove the inflamed appendix (Capriotti, 2020). Following surgery, the patient is given antibiotics for at least 48 hours and analgesics for postoperative pain (Capriotti, 2020). My patient experienced nausea initially, followed by RLQ pain, chills, and vomiting. She went to see her physician's assistant and had a urinalysis done to rule out a UTI. After that, she had an abdominal CT scan done which revealed acute appendicitis. Her WBCs were also increased

indicating an infection. She had surgery on 03/10/21 and is receiving antibiotics intravenously and pain medication PRN. The reason my patient's appendix became inflamed is unclear without being able to see the CT scan results. However, her restrictive transformations diet may prevent her from consuming adequate fiber resulting in calcified stool which can block the appendix and cause inflammation and bacterial overgrowth. She may have also injured her appendix while working out which caused inflammation and allowed the normal GI bacteria to overgrow.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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

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	4.4-5.8	**Labs not done on admission**	3.7	My patient had an appendectomy, anemia is common following surgery because of blood loss (Pagana et al, 2018).
Hgb	12.0-15.8		12.6	
Hct	36.0-47.0		36.2	
Platelets	140-440		229	
WBC	4.0-12.0		15.20	My patient was diagnosed with acute appendicitis, her blood work showed a bacterial infection. The immune

				system responds to bacterial infections by increasing the number of WBC to fight it off (Capriotti, 2020).
Neutrophils	40-60		95.1	My patient was diagnosed with acute appendicitis which causes an overgrowth of bacteria. Neutrophils are the first to respond to bacterial infections (Capriotti, 2020).
Lymphocytes	19-49		3.9	Lymphocytes are decreased in patients with acute infections. Although lymphocytes respond to the infection, they are destroyed or trapped in the lymphatic system reducing this value (Capriotti, 2020).
Monocytes	3.0-13.0		0.9	Monocytes are decreased in patients that have taken large amounts of steroids. My patient recently had steroid injections in her left knee because of a torn meniscus and osteoarthritis. Monocytes can also be low when a severe infection (appendicitis) wipes them out faster than they are made (Capriotti, 2020).
Eosinophils	0-8.0		0	
Bands	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	**Labs not done on admission**	128	Decreased sodium levels can occur following NPO status and fluid loss during surgery (Pagana et al, 2018). Decreased electrolyte levels can also occur while taking diuretics such as hydrochlorothiazide (Jones & Bartlett Learning, 2020).
K+	3.5-5.1		4.0	
Cl-	98-107		93	Decreased chloride levels can occur following NPO status and fluid loss during surgery (Pagana et al, 2018). Decreased electrolyte levels can also

				occur while taking diuretics such as hydrochlorothiazide (Jones & Bartlett Learning, 2020).
CO2	21-31		23	
Glucose	70-99		130	My patient is not diabetic. Glucose levels are increased when the body is experiencing stress. My patient is fighting off an infection and is postoperative (Capriotti, 2020).
BUN	7-25		12	
Creatinine	0.50-1.20		0.61	
Albumin	3.5-5.7		n/a	
Calcium	8.6-10.3		8.7	
Mag	1.6-2.6		n/a	
Phosphate	n/a		n/a	
Bilirubin	n/a		n/a	
Alk Phos	n/a		n/a	
AST	n/a		n/a	
ALT	n/a		n/a	
Amylase	n/a		n/a	
Lipase	n/a		n/a	
Lactic Acid	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	Value on	Today's	Reason for Abnormal

	Range	Admission	Value	
INR	n/a			
PT	n/a			
PTT	n/a			
D-Dimer	n/a			
BNP	n/a			
HDL	n/a			
LDL	n/a			
Cholesterol	n/a			
Triglycerides	n/a			
Hgb A1c	n/a			
TSH	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				**Urinalysis performed at different location. Results not available for CS but patient stated it was negative for bacteria.**
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				

Leukoesterase				

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

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis.

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

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): CS had an abdominal CT scan performed at Christie Clinic in Urbana. I was unable to view the impression due to it being done at a different facility. Patient stated it showed appendicitis which is why she came to OSF for surgery.

Diagnostic Test Correlation (5 points): My patient went to convenient care because of RLQ pain that was a 9/10 with movement. An abdominal CT scan is ordered for patients experiencing abdominal pain to identify the cause ("Abdominal CT", 2018).

Diagnostic Test Reference (1) (APA):

Abdominal CT scan. (2018, September 28). Healthline. https://www.healthline.com/health/abdominal-ct-scan

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

Home Medications (5 required)

Brand/Generic	Aspirin/acetylsalicylic acid	Lipitor/ atorvastatin calcium	Microzide/ hydrochlorothiazide	Cozaar/ losartan	Inderal/ propranolol hydrochloride
Dose	81 mg	10 mg	25 mg	50 mg	20 mg
Frequency	Twice daily	Once Daily	Once daily	Once daily	Twice Daily
Route	PO	PO	PO	PO	PO
Classification	NSAID, antiplatelet, antipyretic, nonopioid analgesic	Antihyperlipidemic	Diuretic	Antihypertensive	Antianginal, antiarrhythmic, antihypertensive, anti-MI
Mechanism of Action	Blocks platelet aggregation by stopping the production of thromboxane A2 which stimulates platelet aggregation.	Reduces plasma cholesterol and lipoprotein levels by reducing HMG-coA and liver synthesis of cholesterol. This increases LDL uptake and breakdown.	Promotes the movement of sodium, chloride, and water from blood into nephron's distal convoluted tubule which decreases cardiac output, extracellular fluid volume and plasma volume lowering	Binds binding of angiotensin II to receptor sites in many tissues preventing vasoconstriction which reduces BP.	Beta-blocking action prevents arterial dilation and inhibits renin secretion decreasing BP. Decreases heart rate which resolves tachyarrhythmias. Reduces myocardial

			BP.		oxygen demand which prevents anginal pain and death of myocardial tissue.
Reason Client Taking	To prevent MI	To control lipid levels in hypercholesteremia	To manage hypertension	To manage hypertension	To manage HTN
Contraindications (2)	Active bleeding, Ulcers	Active hepatic disease, hypersensitivity to atorvastatin or its components	Anuria, hypersensitivity to hydrochlorothiazide, other thiazides, sulfonamide derivatives, or their components	Patients with GFR less than 60/mL/min, hypersensitivity to losartan or its components	Asthma, sinus bradycardia, hypersensitivity to propranolol or its components.
Side Effects/Adverse Reactions (2)	GI bleeding, prolonged bleeding time	hepatic failure, rhabdomyolysis	Hyponatremia, hypomagnesemia, hypokalemia	Hypotension, hyperkalemia	Bronchospasm, abdominal pain
Nursing Considerations (2)	Instruct patient to take it with food because it may cause GI upset. Tell patient to notify provider if they pass dark tarry stools or are coughing up blood that looks like coffee grounds.	Use atorvastatin cautiously in patients who consume substantial quantities of alcohol because atorvastatin increases the risk of liver dysfunction. Monitor patient for signs of liver failure such as jaundice and notify provider.	Give hydrochlorothiazide in the morning or early evening to avoid nocturia. Monitor daily weight, I/O, BP, and serum levels of electrolytes, especially potassium.	Monitor blood pressure and renal function studies as ordered to monitor effectiveness. Monitor serum potassium levels as ordered to detect hyperkalemia.	Monitor apical pulse, BP, I/O, daily weight, respiration, and circulation in extremities before and during therapy. Be aware that stopping drug abruptly even for surgery can cause myocardial ischemia, MI, ventricular arrhythmias, or severe HTN.

Hospital Medications (5 required)

Brand/Generic	Norco/ hydrocodone	Heparin/ (porcine)	Colace/ docusate	Mefoxin/	Duramorph/

	bitartrate	heparin sodium injection	calcium	cefoxitin sodium	morphine sulfate
Dose	5-325 mg	5000 units	100 mg	2 g in 100 mL of NaCl	1-4 mg
Frequency	Q4H PRN	Three times daily	Once daily	200 mL/hr every 8 hr	1 hr PRN
Route	Oral	Sub-Q	Oral	IV	IV
Classification	Opioid analgesic	Anticoagulant	Laxative	Antibiotic	Opioid analgesic
Mechanism of Action	Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to reduce pain.	Inhibits factor Xa and prevents of conversion of prothrombin to thrombin. Without fibrin, clots cannot form.	Softens stool by decreasing surface tension between oil and water in feces.	Interferes with bacterial cell wall synthesis by inhibiting the cross-linking of peptidoglycan strands.	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.
Reason Client Taking	To treat postsurgical pain	To prevent thromboembolism due to inactivity.	To increase peristalsis following abdominal surgery.	To treat infection.	To treat moderate to severe pain that is not relieved with around-the-clock opioid analgesics
Contraindications (2)	Acute or severe bronchial asthma or hypercarbia, hypersensitivity to hydrocodone bitartrate or any of its components.	Uncontrolled active bleeding, inability to monitor coagulation parameters when full-dose heparin is used.	Fecal impaction, nausea, vomiting, or undiagnosed abdominal pain.	Hypersensitivity to cefoxitin, other cephalosporins, or their components	Acute or severe bronchial asthma in unmonitored setting. Acute alcoholism
Side Effects/Adverse Reactions (2)	CNS depression, Respiratory depression.	Excessive bleeding from wounds, melena	Dizziness, muscle weakness	Hemolytic anemia, nausea, and vomiting.	Hypotension, respiratory depression
Nursing Considerations (2)	Know that hydrocodone should not be given to patients with impaired consciousness, nor should the drug be administered on an as-needed basis. Use cautiously in elderly patients, as they are at increased risk for respiratory depression.	Alternate injection sites and watch for signs of bleeding and hematoma. Take safety precautions to prevent bleeding such as using a soft toothbrush and electric razor. Keep protamine sulfate on hand to use as an antidote for heparin.	Expect excessive or long-term use to cause dependence on laxatives for bowel movements. Monitor for electrolyte imbalances and vitamin deficiencies.	Use cautiously in patients with hypersensitivity to penicillin, obtain culture and sensitivity test results if possible before giving drug, reconstitute 2 g with 10-20 mL diluent.	Monitor circulatory and respiratory status carefully when drug therapy is initiated. Monitor patient for persistent sedation, dosage may need adjusted.

Medications Reference (1) (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:**	Alert and oriented to person, place, time, and situation. No acute distress noted. Appears well-groomed and appropriate for her age.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Pink Dry Warm 2+ None 2 on abdomen from surgery. 2 surgical incisions on abdomen 21, I deducted 2 for nutrition. My patient ate 50 % of her breakfast sandwich but did not touch her fruit or milk.
HEENT (1 point):	

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck symmetrical. Trachea is without deviation. No lymphadenopathy inspected or palpated. Thyroid is nonpalpable. Ears pink without drainage. No hearing deficit noted. Symmetrical EOMs. Sclera white. Conjunctiva pink, no drains or lesions noted. Dentition is good.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	Clear S1 and S2 heart sounds. No audible murmur, gallops, or rubs noted. Pulses 2+ throughout bilaterally. Capillary refill normal, less than 3 seconds. No JVD noted. No edema inspected or palpated.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds even, regular and nonlabored bilaterally. No crackles, wheezes, or rhonchi noted.
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 ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Transformations (Similar to Keto) Regular 5’5” 157 lb. Normoactive 03/10/2021 Abdomen soft, and nontender to palpation in all four quadrants. No masses or enlarged organs palpated. No distention noted. One mid abdomen from cesarean and hysterectomy, one in belly button and midline from appendectomy. Large scar on left hip from replacement. No drains noted.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:**	Pale yellow Clear Patient reports normal urination quantity and

Pain with urination: Y ☐ N ☒ **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	frequency. Patient voided once during my shift.
MUSCULOSKELETAL (2 points): **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** ☐	Normal Full ROM in all extremities bilaterally None 5/5 bilaterally in upper and lower extremities Fall score 20, my patient has an IV that she is receiving fluids through. Patient is independent and does not require assistance with ambulating.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	PERRLA bilaterally. Strength 5/5 bilaterally in all extremities. Oriented to person, place, time, and situation. Cognitive with normal speech. Normal sensory response in fingers and toes. Patient is alert.
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):**	Patient enjoys walking, hiking, working out (4x week), spends time with her husband, watches TV and volunteers with environmental groups. Normal developmental level. Patient is Lutheran and attends virtual church weekly. Patient sees her children and grandchildren every weekend.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0722	85 L. Radial	118/71 RA	16	97.0 Temporal	96% RA

1110	79 L. Radial	114/ 68 RA	14	97.3 Oral	97% RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0846	Numerical	Abdomen (RLQ)	3-4 sitting, 5-6 with movement	Dull	Hydrocodone given. Pain assessment done at 0930, patient stated it was a 0/10 sitting and a 1/10 with movement.
1020	Numerical	RLQ	0 sitting, 1 with movement	Dull	Adjusted patient's pillows and bed position after returning from ambulating. Pt stated that she was comfortable.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20
Location of IV:	LFA
Date on IV:	03/10/2021
Patency of IV:	Normal, flushed well at 0846.
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Dry, clean, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
50 % of breakfast sandwich	Patient voided once during my shift.

480 mL of water 200 mL sodium chloride 400 mL of Cefoxitin in NaCl (200 mL/hr started at 10 am)	Last BM 03/10/2021.

Nursing Care

Summary of Care (2 points)

Overview of care: The goal for today was pain management, treating her infection, adequate nutrition, and ambulating.

Procedures/testing done: Patient did not leave for any procedures during my shift.

Complaints/Issues: Patient was comfortable and pleased with her experience. No pain after receiving her analgesic. No concerns or issues expressed.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient ambulated the halls twice during my shift. She has a regular diet but is not eating much, she said she is not very hungry. She ambulated to the rest room once during my shift.

Physician notifications: None

Future for patient: Patient will be discharged this afternoon.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable):

Equipment needs (if applicable):

Follow up plan: Follow up with surgeon 1-2 weeks following discharge.

Education needs: Take medication as prescribed, resume activity slowly while recovering, obtain adequate hydration and nutrition to promote healing.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to surgical intervention as evidenced by patient's numerical pain rating of 3-4 while sitting and 5-6 with movement.	Patient is postop from abdominal surgery. Surgery causes acute pain which impairs comfort and healing.	1.Assess and document quality, location, and duration of the pain. Use a numerical pain scale to assess discomfort. 2.Administer analgesics as prescribed and document the patient's response using the pain scale.	Goal met- patient's pain was assess at 0846 before pain medication was given. Patient described the pain as dull and a 3-4 sitting and a 5-6 with movement. Pt reported the pain as constant. Goal met- pain medication was administered at 0846, at 0930 pain was reassessed and was a 0/10 sitting, and 1/10 with movement.
2. Impaired skin integrity related to appendectomy as evidenced by surgical incisions on abdomen.	Impaired skin integrity increases the risk of postoperative infection.	1.Monitor incisions daily for color changes, warmth, redness, and swelling which indicate infection. 2.Educate patient on changing positions slowly and splinting abdomen with movements especially coughing to prevent incisions from re-opening.	Goal met- Surgical incisions were assessed at 1000 during my physical assessment. Slight bruising around incisions but no redness, warmth, or swelling observed. Goal met- During my assessment, I educated the patient on changing positions slowly and the importance of splinting the abdomen with movement.
3. Imbalanced nutrition: less than body	Adequate nutrition is required for healing to occur.	1.Educate patient and significant other about the important of proper	Goal met- During my assessment, my patient and her spouse were educated

requirements related to decreased intake following surgical procedure and increased calorie need due to posttraumatic state as evidenced by patient consuming less than 50% of her breakfast and patient's vocalization about not being hungry.		nutrition for recovery. 2. Maintain good oral hygiene to improve appetite and weigh the patient daily to assess for weight loss.	on the importance of increasing the consumption of fluids, proteins, and calories to improve recovery. Goal met- During morning care I offered my patient a toothbrush and tooth paste but she stated that she had already done that this morning that her daughter brought her a care package to use during her stay. She was informed that good oral hygiene will increase the taste of food. Patient was weighed this morning after surgery she is 157 lb.

Other References (APA):

Concept Map (20 Points):

Subjective Data

"I quit smoking 39 years ago."
"I drink one glass of wine with dinner and before bed."
"I thought the pain was from working out on Monday."
"I thought the nausea was from something that I had eaten."

Nursing Diagnosis/Outcomes

Acute pain related to surgical intervention as evidenced by patient's numerical pain rating of 3-4 while sitting and 5-6 with movement.

Outcome: Patient's pain perception will decrease within 1 hour of intervention as documented by numerical pain scale.

Impaired skin integrity related to appendectomy as evidenced by surgical incisions on abdomen.

Outcome: Patient's surgical incisions will remain free of swelling, redness, warmth, and color changes while hospitalized.

Imbalanced nutrition: less than body requirements related to decreased intake following surgical procedure and increased calorie need due to posttraumatic state as evidenced by patient consuming less than 50% of her breakfast and patient's vocalization about not being hungry.

Outcome: During hospitalization, patient will show no signs of weight loss.

Objective Data

Decreased: lymphocytes, monocytes, chloride, sodium, RBCs
Elevated: WBC, Neutrophils, Glucose
2 incisions on abdomen
Intake: 480 mL of water
200 mL sodium chloride
400 mL of Cefoxitin in NaCl (200 mL/hr started at 10 am)
VS- T: 97.0, BP: 118/71, P: 85, R:16, O2: 96% RA, Pain: 5-6 with movement

Patient Information

On 03/10/21, a 70 yo Caucasian female with a hx of HTN and hypercholesteremia presented to OSF Urbana to undergo an appendectomy.

Nursing Interventions

1.Assess and document quality, location, and duration of the pain. Use a numerical pain scale to assess discomfort.
-Administer analgesics as prescribed and document the patient's response using the pain scale.

2. Monitor incisions daily for color changes, warmth, redness, and welling which indicate infection.
-Educate patient on changing positions slowly and splinting abdomen with movements especially coughing to prevent incisions from re-opening.

3. Educate patient and significant other about the important of proper nutrition for recovery.
- Maintain good oral hygiene to improve appetite and weigh the patient daily to assess for weight loss.