# N321 Care Plan #3

Lakeview College of Nursing

Nikki Brown

## Demographics (3 points)

| **Date of Admission** | **Patient Initials** | **Age** | **Gender** |
|---|---|---|---|
| 3/10/21 | LW | 73 | Female |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Bank Teller | Married | Penicillin, Biaxin (Clarithromycin), Erythromycin, Lasix (Furosemide) |
| **Code Status** | **Height** | **Weight** | |
| Full Code | 5'1 | 70.2 kg (154 lbs) | |

## Medical History (5 Points)

**Past Medical History:** Type 2 Diabetes Mellitus, Hypertension, Transient ischemic attack, Chronic kidney disease, Myocardial infarction, heart attack, depression, hyperlipidemia, anxiety disorder with mixed anxiety and depressed mood, vitamin B6 deficiency, vitamin D deficiency, overactive bladder, acute renal failure superimposed on stage 4 chronic kidney disease, single kidney, folate deficit, severe protein-calorie malnutrition, debility, idiopathic gout, iron deficiency anemia, cervical disc disorder with radiculopathy, cancer of kidney.

**Past Surgical History:** Nephrectomy on 02/22/20, cholecystectomy, insertion dialysis catheter.

**Family History:** Cancer on mother and father side. Heart disease on mother maternal grandfather and father maternal grandfather.

**Social History (tobacco/alcohol/drugs):** Former smoker for 10 years one pack a day. Patient denies use of alcohol or drugs.

**Assistive Devices:** Glasses and walker

**Living Situation:** Lives with husband in their home that they bought.

**Education Level:** High School

## Admission Assessment

**Chief Complaint (2 points):** Patient presented to emergency room with complains of generalized weakness, nausea, and vomiting after dialysis on 3/09/21. Her generalized weakness, nausea, and vomiting has not gone away since her first dialysis treatment. She stated she feels weak when she gets up to walk and when she tries is when she gets nauseas and even a little dizzy. She tried resting through the night at home but that did not help causing her to want to be seen in the emergency room. Patient did not try to treat this with any medications or remedies at home.

**History of present Illness (10 points):** Acute renal failure, diagnosis of chronic kidney disease, and cancer of the kidney.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** End stage renal disease (ESRD)

**Secondary Diagnosis (if applicable): N/A**

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

End-stage renal disease (ESRD) is when there is a gradual loss of kidney function over time until it reaches a progressive state (Pruthi, 2019). The kidneys filter the body's waste and excess fluids. When they cannot filter, dangerous amounts of fluid and waste can build up in the body (Shah, 2020). This patient has already had to have a nephrectomy and now has one kidney. Therefore, to maintain the other kidney from failing, the patient must do dialysis. Dialysis happens when the kidney cannot remove enough waste and fluid from the blood to keep the body healthy (Shah, 2020). A patient needs dialysis when only 10 to 15 percent of kidney function is left (Shah, 2020). This patient was on hemodialysis. Hemodialysis includes a machine and a special filter called an artificial kidney and is used to clean the blood (Shah, 2020). This patient

has a central venous catheter (CVC), a tube that passes through a vein and ends up in the thoracic portion of the vena cava or right atrium of the heart (Shah, 2020). A CVC is needed with hemodialysis to obtain an entrance to the blood vessels (Shah, 2020). With end-stage renal disease, this patient will need hemodialysis for the rest of her life.

Diseases that can lead to kidney disease are type 1 or 2 diabetes, hypertension, glomerulonephritis, interstitial nephritis, polycystic kidney disease, prolonged obstruction of the urinary tract, and recurrent kidney infections (Pruthi, 2019). This patient has a past medical history of type 2 diabetes mellitus and hypertension. When a patient has poor control of blood sugar and blood pressure, it puts them at risk for ESRD. When there is damage to the kidneys, fluid retention occurs, and a rise of potassium levels, weak bones, anemia, damage to the CNS causing personality changes, decreased immune response, pericarditis. Kidney damage is irreversible (Pruthi, 2019). Looking at the complications that can arise with ESRD, this patient had some fluid accumulation at the ankles, a history of anemia, decreased immune response with an elevated neutrophil count, and irreversible kidney damage.

The symptoms with end-stage renal disease can include: nausea, vomiting, loss of appetite, fatigue, and weakness, sleep problems, changes in how much they urinate, decreased mental sharpness, muscle twitches, and cramps, swelling of feet and ankles, persistent itching, chest pain, shortness of breath, and high blood pressure (Pruthi, 2019).. During my time with this patient, I noticed the symptoms of fatigue and weakness.

Chronic kidney disease is diagnosed when there is evidence of kidney damage for at least three months or If a patient has a glomerular filtration rate (GFR) less than 60 mL/min (Benjamin, 2021). Other diagnostic tests to diagnose kidney disease include a renal ultrasound, complete blood count (CBC), basic metabolic panel (BMP), urinalysis, and a kidney biopsy

(Benjamin, 2021). An ultrasound can show the size, shape, obstructions, and mass lesions (Benjamin, 2021). The blood work can determine anemia and abnormal electrolyte levels. If the cause of kidney disease is unclear, a kidney biopsy can be done (Benjamin, 2021).

Treatments for ESRD include kidney transplants, dialysis, and supportive care (Pruthi, 2019). A provider may also suggest lifestyle and home remedies, such as maintaining a healthier diet for the kidneys (Pruthi, 2019). This diet would include avoiding products with added salt, low potassium, and limiting protein (Pruthi, 2019).

This patient reported to the emergency department with generalized weakness along with nausea and vomiting. She stated that she felt this way after her first dialysis treatment. After her diagnostic and laboratory test, she had admitted to the medical-surgical unit with a diagnosis of end-stage renal disease. The patient was waiting on her scheduled PT/OT to come to evaluate and treat to determine her placement after discharge.

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

Pruthi, S. (2019, August 17). *End-stage renal disease*. Retrieved March 15, 2021, from https://www.mayoclinic.org/diseases-conditions/end-stage-renal-disease/symptoms-causes/syc-20354532

Shah, S. (2020, June 10). *Hemodialysis*. Retrieved March 15, 2021, from https://www.kidney.org/atoz/content/hemodialysis#:~:text=Hemodialysis%20is%20a%20procedure%20where,surgery%2C%20usually%20to%20your%20arm.

Benjamin, O. (2021, February 04). *End-stage renal disease*. Retrieved March 15, 2021, from https://www.ncbi.nlm.nih.gov/books/NBK499861/

**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 | 3.80-5.30 | 3.75 | N/A | Anemia, fluid retention/overload (Rischer, 2021). |
| Hgb | 12.0-15.8 | 11.9 | N/A | Anemia, fluid retention/overload (Rischer, 2021). |
| Hct | 36-47 | 36.3 | N/A | Lab within normal limits |
| Platelets | 140-440 | 250 | N/A | Lab within normal limits |
| WBC | 4-12 | 4.70 | N/A | Lab within normal limits |
| Neutrophils | 47-73 | 77.9 | N/A | Tissue necrosis/injury (Rischer, 2021). |
| Lymphocytes | 18.0-42.0 | 11.7 | N/A | Lymphopenia associated with immune deficiency caused by chronic kidney disease (CKD) (Morales, 2016). |
| Monocytes | 4-12 | 6.8 | N/A | Lab within normal limits |
| Eosinophils | 0-5 | 1.4 | N/A | Lab within normal limits |
| Bands | 0-5 | N/A | N/A | Lab not drawn |

**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- | 133-144 | 136 | N/A | Lab within normal limits |
| K+ | 3.5-5.1 | 4.3 | N/A | Lab within normal limits |
| Cl- | 98-107 | 102 | N/A | Lab within normal limits |

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|---|---|---|---|---|
| **CO2** | **21-31** | **24** | **N/A** | **Lab within normal limits** |
| **Glucose** | **70-99** | **188** | **110** | **Diabetes Mellitus** |
| **BUN** | **7-25** | **20** | **N/A** | **Lab within normal limits** |
| **Creatinine** | **0.5-1.00** | **2.23** | **N/A** | **Acute and chronic renal failure (Rischer, 2021).** |
| **Albumin** | **3.5-5.7** | **3.5** | **N/A** | **Lab within normal limits** |
| **Calcium** | **8.8-10.2** | **9.9** | **N/A** | **Lab within normal limits** |
| **Mag** | **1.6-2.6** | **N/A** | **2.1** | **Lab within normal limits** |
| **Phosphate** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **Bilirubin** | **0.2-0.8** | **0.5** | **N/A** | **Lab within normal limits** |
| **Alk Phos** | **34-104** | **95** | **N/A** | **Lab within normal limits** |
| **AST** | **13-39** | **18** | **N/A** | **Lab within normal limits** |
| **ALT** | **7-52** | **11** | **N/A** | **Lab within normal limits** |
| **Amylase** | **29-103** | **N/A** | **N/A** | **Lab not drawn** |
| **Lipase** | **11-82** | **18.8** | **N/A** | **Lab within normal limits** |
| **Lactic Acid** | **0.5-2.0** | **0.9** | **N/A** | **Lab within normal limits** |

**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** | **0.8-1.1** | **N/A** | **N/A** | **Lab not drawn** |
| **PT** | **10.1-13.1** | **N/A** | **N/A** | **Lab not drawn** |

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|---|---|---|---|---|
| **PTT** | **25-35** | **N/A** | **N/A** | **Lab not drawn** |
| **D-Dimer** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **BNP** | **0-100** | **N/A** | **N/A** | **Lab not drawn** |
| **HDL** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **LDL** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **Cholesterol** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **Triglycerides** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **Hgb A1c** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **TSH** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |

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

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **Color & Clarity** | **Yellow/ clear** | **Yellow/clear** | **N/A** | **Lab within normal limits** |
| **pH** | **5.0-9.0** | **8.0** | **N/A** | **Lab within normal limits** |
| **Specific Gravity** | **1.003-1.030** | **1.009** | **N/A** | **Lab within normal limits** |
| **Glucose** | **Neg** | **Neg** | **N/A** | **Lab within normal limits** |
| **Protein** | **Neg** | **3+** | **N/A** | **Kidneys are not properly filtering letting protein such as albumin pass through (Ashfaq, 2020).** |
| **Ketones** | **Neg** | **Trace** | **N/A** | **Diabetes Mellitus** |
| **WBC** | **0-5** | **0-5** | **N/A** | **Lab within normal limits** |
| **RBC** | **Neg** | **Neg** | **N/A** | **Lab within normal limits** |
| **Leukoesterase** | **Neg** | **Neg** | **N/A** | **Lab within normal limits** |

**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** | **N/A** | **N/A** | **Lab not drawn** |
| **Blood Culture** | **No growth** | **No growth** | **N/A** | **Lab within normal limits** |
| **Sputum Culture** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |
| **Stool Culture** | **N/A** | **N/A** | **N/A** | **Lab not drawn** |

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

Morales, M. (2016, July/August). *[End stage renal disease lymphopenia; characterization and clinical correlation]*. Retrieved March 15, 2021, from https://pubmed.ncbi.nlm.nih.gov/27197101/

Rischer, K. (2021). *Electrolytes handout 1*. Retrieved March 15, 2021, from https://es.scribd.com/document/342256982/Electrolytes-Handout-1

Ashfaq, A. (2020, August 12). *Protein in urine*. Retrieved March 15, 2021, from https://www.kidneyfund.org/kidney-disease/kidney-problems/protein-in-urine.html

## Diagnostic Imaging

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

On 3/10/21 an x-ray chest single view portable was done for this patient.

Impression: Cardiomegaly previously seen small pleural effusions have completely resolved. Mild opacity in the left lower lung could be part of focal atelectic changes.

Lungs: Mild opacity questioned in the left lower lung. Previously seen small plueral effusions have completely resolved. There is a catheter seen extending from the right side with the tip in the superior vena cava right atrial junction. No acute process.

Heart: Mild cardiomegaly. Aorta is tortuous with calcifications in the aortic knob.

Covid-19 test was completed, and results were negative.

Oxygen therapy was ordered 3/10/21 as needed

Physical therapy and occupational therapy were notified to evaluate and treat patient.

An electrocardiogram (ECG) was done on 3/10/21 results not transcribed.

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

Patient presented to the emergency room with generalized weakness. An Xray was ordered because ESRD can cause fluid overload, the Xray was to see if there was fluid in the lungs and showed that previously seen pleural effusions had resolved. An ECG was obtained to see the electrical signals of the heart because the patient's signs and symptoms indicated the need as well as her past medical history. A Covid-19 test is needed before admission and to rule out the coronavirus. Lastly physical and occupational therapy were ordered to evaluate and treat the patient to see how well she does with walking on her own.

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

Greicius, J. (2017, September 12). *Kidney failure*. Retrieved March 15, 2021, from https://stanfordhealthcare.org/medical-conditions/liver-kidneys-and-urinary-system/kidney-failure.html#about

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

**Home Medications (5 required)**

| **Brand/ Generic** | **Allopurinol (Zyloprim)** | **Amlodipine (Norvasc)** | **Aspirin (Acetylsalicylic Acid)** | **Acetaminophen (Tylenol)** | **Albuterol (Zyloprim)** |
|---|---|---|---|---|---|
| **Dose** | **200 mg** | **10 mg** | **81 mg** | **325 mg** | **100 mg** |
| **Frequency** | **Daily** | **Daily** | **Daily** | **2 tablets 4qh PRN** | **2 tablets Daily** |
| **Route** | **PO** | **PO** | **PO** | **PO** | **PO** |
| **Classification** | **Antigout** | **Antianginal, Antihypertensive** | **NSAID** | **Antipyretic, nonopioid analgesic** | **Bronchodilator** |
| **Mechanism of Action** | **Inhibits uric acid production by inhibiting xanthine oxidase, the enzyme that converts hypoxanthine and xanthine to uric acid.** | **This decreases intracellular calcium level, inhibiting smooth-muscle cell concentration and relaxing coronary and vascular smooth muscles, decreasing peripheral vascular resistance, and reducing systolic and diastolic** | **Prostaglandins, mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibitors of prostaglandins, inflammatory symptoms subside. Pain is also relieved because prostaglandins play a role** | **Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.** | **Albuterol attaches to beta2 receptors on bronchial cell membrane, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate to cyclic adenosine monophosphate. This reaction decreases** |

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| | | **blood pressure. Decreased peripheral vascular resistance also decreases myocardial workload, oxygen demand, and possibly angina.** | **in pain transmission from the periphery to the spinal cord.** | | **calcium levels. These effects relax bronchial smooth-muscle cells and inhibit histamine release.** |
| **Reason Client Taking** | **To maintain an acceptable urate level in chronic kidney disease.** | **Hypertension** | **To reduce the risk of recurrent transient ischemic attacks. To reduce risk of myocardial infarction from previous myocardial infarction.** | **To relieve mild to moderate pain.** | **Anxiety induced asthma attacks** |
| **Contraindications (2)** | **Hypersensitivity to allopurinol or its components** | **Hypersensitivity to amlodipine or its components** | **Active bleeding or coagulation disorder, and hypersensitivity to aspirin or its components.** | **Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease.** | **Hypersensitivity to albuterol or its component.** |
| **Side Effects/ Adverse Reactions (2)** | **Granulomatous hepatitis, hepatic necrosis, renal failure, agranulocytosis, aplastic anemia, bone** | **Arrhythmias, hypotension, chest pain, and pancreatitis.** | **CNS depression, GI bleeding, hepatotoxicity, leukopenia, prolonged bleeding** | **Hypotension, stridor, hypoglycemic coma, hepatotoxicity, hemolytic anemia, leukopenia,** | **Angina, arrythmias, hypotension, oropharyngeal edema, bronchospasm,** |

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|---|---|---|---|---|---|
| | **marrow depression, leukopenia, thrombocytopenia.** | | **time, thrombocytopenia, bronchospasm, angioedema.** | **neutropenia, pancytopenia, thrombocytopenia, atelectasis, pulmonary edema, anaphylaxis, angioedema, hypokalemia, hypomagnesemia.** | **pulmonary edema, angioedema, hypokalemia, metabolic acidosis.** |
| **Nursing Considerations (2)** | **Obtain baseline CBC and uric acid level, and review results of renal and liver function test before and during allopurinol therapy. Maintain a fluid intake to produce a daily urinary output of 2 liters daily. Also, don't give vitamin C because the pH of urine should be kept neutral to slightly alkaline. Monitor patient for development of a skin rash that may occur 1 week** | **Use amlodipine cautiously in patients with impaired renal function. Monitor blood pressure while adjusting dosage. Assess patient frequently for chest pain when starting or increasing the dose.** | **Don't crush timed-release or controlled release aspirin tablets unless directed. Ask about tinnitus, this reaction usually occurs when blood aspirin levels reach maximum dosage.** | **Use acetaminophen cautiously in patients with severe renal impairment. Know that before and during long-term therapy including parenteral therapy, liver function test results, including AST, ALT, bilirubin, and creatinine levels. Monitor renal function in patients on long-term therapy.** | **Use cautiously in patients with cardiac disorders, diabetes mellitus, and hypertension. Monitor serum potassium levels. Be aware that drug tolerance can develop with prolonged use.** |

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| | **after the start of allopurinol therapy.** | | | | |

**Hospital Medications (5 required)**

| **Brand/ Generic** | **Ondansetron (Zofran)** | **Pravastatin (Pravachol)** | **Citalopram (Celexa)** | **Carvedilol (Coreg)** | **Ferrous Sulfate (Fer-Iron)** |
|---|---|---|---|---|---|
| **Dose** | **4 mg** | **20 mg** | **40 mg** | **3.125 mg** | **325 mg** |
| **Frequency** | **Q6h PRN** | **Nightly** | **Daily** | **Daily** | **BID** |
| **Route** | **IV** | **PO** | **PO** | **PO** | **PO** |
| **Classification** | **Antiemetic** | **Antilipemic** | **Antidepressant** | **Antihypertensive, heart failure treatment adjunct** | **Antianemic, nutritional supplement.** |

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| **Mechanism of Action** | **Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS.** | **Inhibits cholesterol synthesis in liver by blocking the enzyme needed to convert hydroxymethylglutaryl-CoA (HMG-CoA) to mevalonate, a cholesterol precursor. When cholesterol synthesis is blocked, the liver also increases breakdown of LDL cholesterol.** | **Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by a nerve impulse. This blocked reuptake increases serotonin levels at nerve synapses, which may elevate mood and reduce depression.** | **Reduces cardiac output and tachycardia, causes vasodilation, and decreased peripheral vascular resistance, which reduces blood pressure and cardiac workload.** | **Acts to normalize RBC production by binding with hemoglobin or by being oxidized and stored as hemosiderin or aggregated ferritin in reticuloendothelial cells of the bone marrow, liver, and spleen.** |
| **Reason Client Taking** | **To prevent nausea and vomiting** | **To prevent cardiovascular events in patient at risk** | **Anxiety disorder and depressed mood** | **Hypertension, as adjunct to treat mild to severe chronic heart failure of ischemic or cardiomyopathic origin.** | **Anemia** |
| **Contraindications (2)** | **Concomitant use of apomorphine, congenital long QT syndrome, hypersensit** | **Active hepatic disease or unexplained, persistent elevated liver enzymes. Hypersensitivity to pravastatin** | **Hypersensitivity to citalopram or its components, pimozide therapy.** | **Asthma or related bronchospastic conditions; cardiogenic shock; decompensa** | **Hemochromatosis, hemolytic anemias, hemosiderosis, hypersensitivity to iron** |

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| | **ivity to ondansetron or its components.** | **or its components.** | | **ted heart failure that requires I.V. inotropic; history of serious hypersensitivity reactions, such as anaphylaxis, angioedema; hypersensitivity to carvedilol or its components.** | **salts or their components, other anemic conditions unless accompanied by iron deficiency.** |
| **Side Effects/Adverse Reactions (2)** | **Hypotension, serotonin syndrome, arrythmias, cardiopulmonary arrest, prolonged QT interval, shock, torsades de point, laryngeal edema, laryngospasm, stridor, intestinal obstruction, bronchospasms, pulmonary embolism, anaphylaxis, angioedema.** | **Fulminant hepatic necrosis, hepatic failure, hepatitis, pancreatitis, hemolytic anemia, rhabdomyolysis, interstitial lung disease, erythema multiforme, anaphylaxis, angioedema.** | **CVA, neuroleptic malignant syndrome, seizures, serotonin syndrome, suicidal ideation, heart failure, MI, prolonged QT interval, thrombosis, ventricular arrythmias, GI bleeding, hepatic necrosis, pancreatitis, acute renal failure, decreased PT, hemolytic anemia, thrombocytopenia, anaphylaxis,** | **Angina, AV block, bradycardia, heart failure, hypoglycemia, melena, renal insufficiency, aplastic anemia, decreased PT, thrombocytopenia, unusual bleeding, anaphylaxis, angioedema, hyperkalemia, hyponatremia.** | **Hypotension, hemolysis, anaphylaxis, angioedema, diaphoresis, wheezing, dyspnea pruritis.** |

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| | | | **angioedema.** | | |
| **Nursing Considerations (2)** | **Monitor patient for signs and symptoms of hypersensitivity including anaphylaxis and bronchospasm. Monitor patient for serotonin syndrome, which may include chills, confusion, diaphoresis, diarrhea, fever, and shaking.** | **Use Pravastatin cautiously in patients with hepatic or renal impairment and in elderly patients. Advise patient to notify prescriber about muscle pain, tenderness, weakness, and other evidence of myopathy. Do not stop taking abruptly.** | **Monitor patient for possible serotonin syndrome. Use cautiously in patients with cardiac conditions. Assess elderly patients and those taking diuretics for signs suggesting syndrome of inappropriate secretion of antidiuretic hormone. Monitor patients closely for suicidal tendencies.** | **In patients with diabetes mellitus, carvedilol may mask the symptoms of hypoglycemia. Monitor patient blood glucose level. Avoid stopping drug abruptly.** | **Give iron tablets and capsules with a full glass of juice or water. Know that to maximize absorption, iron salts should be given one hour before or two hours after meals. Monitor closely for hypersensitivity. Don't give antacids, coffee, diary products, eggs, tea, or whole-grain breads or cereals within one hour before or two hours after iron.** |

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

Martin, A. (2020). *2020 Nurse's drug handbook*. Burlington, MA: Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

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|---|---|
| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | **Alert and oriented to time, place, location**<br>**No distress**<br>**Well-groomed and appropriately dressed** |
| **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:** | <br>**Pink**<br>**Dry/Normal**<br>**Warm**<br>**Normal skin turgor 2+**<br>**No Rashes**<br>**No Bruises**<br>**No wounds**<br>**Braden score of 21 (not at risk)**<br>**No drains present** |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | **Head and neck are symmetrical, trachea is midline, lymph nodes are nonpalpable. Ears are free of discharge, no difficulty in hearing. Eyes are symmetrical, EOM intact. Patient does wear glasses. Nose is symmetrical, turbinates are clear with no bleeding/polyps. Teeth are intact, dentition is good.** |
| **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:**<br>**Lower limbs** | **Clear S1 and S2, a murmur was heard upon my auscultation. No gallops/rubs heard. Capillary refill is less than 3 seconds. Peripheral pulses 2+ throughout. No neck vein distention. A little bit of edema palpated and seen in the lower limbs** |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | **Respirations are even, nonlabored, and symmetrical. Breath sounds were diminished but no wheezes, crackles, or Ronchi heard.** |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:** | **On a renal diet to watch potassium and sodium levels at home and currently.**<br><br>**Height is 5'1"**<br>**Weight is 70.2 kg** |

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| **Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:**<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | **Bowel sounds are normoactive in all four quadrants.**<br>**Last bowel movement was last night 2/10/21.**<br>**No CVA tenderness**<br>**No abnormalities found upon inspection for distention, incision, scars, drains, or wounds.**<br>**No ostomy**<br>**No Nasogastric tube**<br>**No feeding/PEG tubes** |
| **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: Normal**<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | **Urine is yellow**<br>**Not cloudy but clear**<br>**No pain with urination, voids spontaneously without difficulty.**<br>**Has dialysis 3x a week, today 3/11/21 patient had 2L of fluid removed at dialysis.**<br>**Genitals normal**<br>**No catheter** |
| **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☐** | **Neurovascular status normal**<br>**Normal ROM**<br>**Strength normal in upper and lower extremities.**<br>**Uses walker as a supportive device**<br>**Patient states she can perform most of her own ADLs but needs husband to help with IADLs.**<br>**Patient fall score was 50 which puts her as a low fall risk according to morse fall scale.**<br>**Patient had a fall within the last 3 months causing her to need ambulation with 1 assist.** |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:** | **Does move all extremities well**<br>**Pupils are equal round and reactive to light and accommodating.**<br>**Strength is equal in upper and lower extremities.**<br>**Cognitive of time, place, location**<br>**A&O x3**<br>**Normal mental status** |

| | |
|---|---|
| **Sensory:**<br>**LOC:** | **Articulative/clear speech**<br>**LOC is alert**<br>**No gross focal neurological deficits** |
| **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):** | **Patients religion is Pentecostal. She stated that she lives in a house with her husband and he is her support system.** |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **1300** | **65** | **173/78** | **18** | **98.0** | **96** |
| **1440** | **76** | **139/78** | **16** | **98.2** | **94** |

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **1300** | **0-10** | **N/A** | **0** | **N/A** | **N/A** |
| **1440** | **0-10** | **N/A** | **0** | **N/A** | **N/A** |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:**<br>**Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:** | 20 gauge IV<br>Placed in the antecubital fossa on the left arm<br>Inserted on 3/10/21 at 1213<br>No signs of phlebitis/infiltration<br>No signs of erythema/drainage<br>Flushed without difficulty, able to obtain<br>Dressing is dry/intact<br>Secured w/sterile tape strips<br>Saline locked |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| **980 mL** | **2350 mL** |

## Nursing Care

**Summary of Care (2 points)**

**Overview of care:**

Patient was getting her dialysis treatment when I first arrived at the unit. Her dialysis started at 1030 and ended around 1400. When she returned to her room, I obtained vital signs and did a head to toe assessment. Patient was compliant with her renal diet and ordered her dinner tray. She then requested to take her evening medications and some ondansetron for her nausea.

**Procedures/testing done:**

The patient did not have any further procedures or testing done when I was taking care of her. She was awaiting PT/OT arrival to evaluate and treat.

**Complaints/Issues:**

When I was assessing patient in the room, she had complaints of nausea, which was resolved after taking the ondansetron. The patient was emotional about possibly being placed in a nursing home for physical therapy and was arguing with husband in her room because he told her he is not a caregiver he is her husband.

**Vital signs (stable/unstable):**

Vital signs are stable

**Tolerating diet, activity, etc.:**

Patient is tolerating dietary restrictions.

**Physician notifications:**

No physician notifications.

**Future plans for patient:**

Patient remained inpatient with no discharge time set by the time student left the floor.

Patient continuing to wait for PT/OT.

**Discharge Planning (2 points)**

**Discharge location:**

Not decided while student was on the unit.

**Home health needs (if applicable):**

Not decided yet, will know after PT/OT evaluation.

**Equipment needs (if applicable):**

Uses walker currently, further equipment needs will be determined upon more evaluation.

**Follow up plan:**

Not sure due to not knowing the PT/OT decision or physician plan.

**Education needs:**

Patient does not seem to be coping well with needing therapy. Talking with her husband makes her more upset. Suggestion for support groups or therapy may help.

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

| Nursing Diagnosis | Rational | Intervention (2 per dx) | Evaluation |
|---|---|---|---|
| • Include full nursing diagnosis with "related to" and | • Explain why the nursing diagnosis was chosen | | • How did the patient/family respond to the nurse's actions? |

| | | | |
|---|---|---|---|
| "as evidenced by" components | | | • Client response, status of goals and outcomes, modifications to plan. |
| **1. Activity intolerance related to generalized weakness as evidence by reports of fatigue on exertion.** | **Patient presented to the emergency room initially due to generalized weakness and needs assist when getting up.** | **1.Assess the extent of weakness and fatigue, and ability to do passive/active activities.**<br><br>**2.Put patient on fall risk precautions until evaluated by PT/OT.** | **Patient and family are compliant with these interventions to assess and reevaluate. It was explained to the patient why she is on fall precautions and to notify someone when she needs to get up.** |
| **2. Risk for injury related to anemia as evidence by low RBC and hemoglobin (Hgb) count.** | **With patient being having anemia, she is at risk for injury if she gets up without at least one assist.** | **1. Assess blood pressure for alterations.**<br><br>**2.Assess I&O, complete blood count, and creatinine.** | **Patient has hypertension that is controlled with a calcium channel blocker therefore she understands why her blood pressure needs to be monitored. She had an elevated creatinine and some edema resulting in I&O monitoring, checking labs regularly can give us an idea of what is going on.** |
| **3. Risk for infection related to kidney disease as evidence by elevated neutrophil count.** | **Patient had a neutrophil count of 77.9, neutrophils are first responders for injury and infection, they show that there is inflammation somewhere.** | **1. Assess temperature, respiratory and urinary system changes as the disease progresses.**<br><br>**2. Continue to monitor lab results for infection.** | **Patient and family understand that routine vitals need to be taken to monitor status. They understand to notify provider is they have changes in respiratory or urinary systems. Patient was informed on why routine labs are important in her condition.** |

**Other References (APA):**

Vera, M. (2020, August 14). *17 chronic renal Failure nursing care plans*. Retrieved March 15, 2021, from https://nurseslabs.com/6-chronic-renal-failure-nursing-care-plans/15/

**Concept Map (20 Points):**

**Subjective Data**

Patient stated that she was hungry and was ready to order her dinner tray.
Patient stated that she would like some medication to help with her nausea.
Patient stated she tired.
Patient stated her pain is at a 0 out of 10.

**Nursing Diagnosis/Outcomes**

**Activity intolerance related to generalized weakness as evidence by reports of fatigue on exertion.**
Outcome: Attain increased tolerance for activity.
**Risk for injury related to anemia as evidence by low RBC and hemoglobin (Hgb) count.**
Outcome: Will not experience injury as evidence by blood pressure remaining stable and RBC and Hgb count within normal limits.
**Risk for infection related to kidney disease as evidence by elevated neutrophil count.**
Outcome: Will not experience infection with temperature remaining <99 degrees F, normal WBC count, urine and blood cultures negative.

**Objective Data**

Pulse 76
Blood pressure 139/78
Respiratory rate 16
Oxygen saturation level 94% on room air
Creatinine level 2.23

**Patient Information**

73 y/o female
Married
Caucasian
Full code
Height 5'1"
Weight 70.2 kg

**Nursing Interventions**

**Assess the extent of weakness and fatigue, and ability to do passive/active activities.**

**Put patient on fall risk precautions until evaluated by PT/OT.**

**Assess blood pressure for alterations.**

**Assess I&O, electrolyte panel, and creatinine.**

**Assess temperature, respiratory and urinary system changes as the disease progresses.**

**Continue to monitor lab results for infection.**