N321 Care Plan # 2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 2/20/2021	Patient Initials P.C.	Age 82	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Separated	Allergies NKA
Code Status Full Code	Height 152.5 cm	Weight 88.7kg	

Medical History (5 Points)

Past Medical History: Anxiety, Arthritis, A-Fib/Proximal A-Fib, BPV (Benign positional vertigo), Diabetes Mellitus II, Hypertension, Kidney Stones, Hyperlipidemia, Venous insufficiency; bilaterally
Past Surgical History: Lithotripsy (unknown date)

Family History: Arthritis (daughter, mother), Asthma (son), Breast Cancer (daughter-deceased, sister- deceased), Colon Cancer (Sister-deceased), Diabetes Mellitus II (daughter, sister, mother all deceased), Hypertension (sister, decreased), Sleep apnea (son), Stroke (son)

Social History (tobacco/alcohol/drugs): Past alcohol use, no substance abuse, former smoker – started 50 years ago – stopped at age 76.

Assistive Devices: Cane, Walker, Dentures at home

Living Situation: Lives at home with her son and grandson

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Difficulty walking, confusion intermittently. Fell on Monday and Tuesday- bruising on left side of neck, Takes unknown blood thinner.

History of present Illness (10 points): Onset: On February 20, 2021, an 82-year-old pleasant, Caucasian female presents to SBLHC for weakness, difficulty walking, confusion and falling at home. She has a large hematoma on the left side of her neck from a fall earlier in the week. She states she cannot remember what occurred that she began falling. She states she noticed that she became off balance when “trying to take a shower and bathe myself. I live with my son and

grandson and I would rather not have them assist me in getting dressed or showering because I do not want them to see me naked". She also mentions she thinks she has fallen a total of four times since this past Monday. She mentions she takes medications for her hypertension, and she has diabetes but does not remember the last time she checked her sugar. She also does not follow a low-carb diet at home. She states she takes a blood thinner but cannot remember what kind or dose. Her son found her on the floor and called 9-1-1 and had her transported to Sarah Bush for further evaluation due to the falling and confusion. When asked if patient had adaptive equipment at home, she states she has a cane only, but no walker or wheelchair. She also mentions nothing relieves the pain from when she does fall, although she has not tried any conventional methods such as analgesics, or ice for the pain after each fall.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): Confusion, Falls

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

Urinary tract infections occur when bacteria enter through the urinary tract to the urethra and begin to multiply in the bladder This can occur from not keeping the perineal area clean, or perhaps it occurs from improper wiping after urinating or deficating. Typically, the urinary tract can fight off the bacteria but it sometimes fails and a full-blown infection develops in the urinary tract (*Urinary Tract Infection (Uti) - Symptoms and Causes - Mayo Clinic*, n.d.).

UTIs are common and usually occur because of the entry of bacteria into the urinary tract at the urethra. Approximately 20-25% of women have a UTI sometime during their lifetime and acute UTIs account for approximately 7 million healthcare visits per year for young women. About

20% of women who develop a UTI experience recurrences. Women are more prone to UTIs than men because of natural anatomic variations. The female urethra is only about 1-2 inches in length, whereas the male urethra is 7-8 inches long. The female urethra is closer to the anus than is the male urethra, increasing women's risk for fecal contamination.

Urinary reflux is one reason that bacteria spread in the urinary tract. Vesicourethral reflux occurs when pressure increases in the bladder from coughing or sneezing and pushed urine into the urethra. When pressure return to normal, the urine moves back into the bladder, taking with its bacteria from the urethra. In vesicourethral reflux, urine flows backward from the bladder to the ureters and widening the infection. If they are left untreated, UTIs can lead to chronic infections, pyelonephritis, and even systemic sepsis and septic shock. If infection reaches the kidneys, permanent renal damage can occur, which leads to acute and chronic renal failure (Capriotti & Frizzell, 2016).

The pathogen that accounts for about 90% of UTIs is Escherichia coli. Other organisms that are commonly found in the gastrointestinal tract and may contaminate the genitourinary tract include Enterobacter, Pseudomonas, group B beta-hemolytic streptococci, Proteus miabilis, Klebsiella species, and Serratia. Two growing causes of UTI in the United States are Staphylococcus saprophyticus and Candida albicans. Predisposing factors are ruethral damage from childbirth, catheterization, or surgery; decreased frequency of urination; other medical conditions such as diabetes mellitus; and in women frequent sexual activity and some forms of contraceptives (Capriotti & Frizzell, 2016). My patient is post-menopausal and did have a cultured-out lab of E. Coli which was noted in her hospital notes.

A patient with a UTI has a variety of symptoms that range from mild to severe. The typical complaint is of one or more of the following: frequency, burning, urgency, nocturia, blood or pus

in the urine, and suprapubic fullness. If the infection has progressed to the kidney, there may be flank pain and low-grade fever.

Question the patient about risk factors, including recent catherization of the urinary tract, pregnancy or recent childbirth, neurological problems, and volume depletion place the patient at risk for a UTI.

Physical examination is often unremarkable in the patient with a UTI, although some patients have costovertebral angle tenderness in cases of pyelonephritis. On occasion, the patient has fever, chills, and signs of a systemic infection. Inspect the urine to determine its color, clarity, odor, and character. In her case, her urine was turbid, and dark yellow.

UTIs rarely result in disruption of the patient's normal activities. The infection is generally acute and responds rapidly to antibiotic therapy. The general guidelines to increase fluid intake and concomitant frequent urination may be problematic for some patients in restrictive work environments. Again, in her case, my patient is an older adult who does not practice proper perineal care, and it is noted in her chart by her family that she wipes from back to front when using the restroom.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. (2016). *Pathophysiology: Introductory concepts and clinical perspectives.* (1st ed.). Philadelphia, PA; F.A. Davis Company.

Urinary tract infection (uti) - symptoms and causes - mayo clinic. (n.d.). Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447

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 (2/20/21)	Today's Value (2/22/21)	Reason for Abnormal Value
RBC	**4.5-6.3**	**3.78**	**3.75**	N/A
Hgb	**14 - 18**	**12.0**	**11.9**	A decrease in her hemoglobin can mean there is a bacterial infection or sever stress (*Cbc - Clinical: Complete Blood Count (Cbc) with Differential, Blood*, n.d.). The patient has a UTI.
Hct	**41-51**	**35.0**	**34.0**	A decrease in her hematocrit can mean there is a bacterial infection or sever stress (*Cbc - Clinical: Complete Blood Count (Cbc) with Differential, Blood*, n.d.). The patient has a UTI.
Platelets	**140-440**	**287**	**334**	N/A
WBC	**4-10**	**6.9**	**5.5**	N/A
Neutrophils	**2-6.9**	*	**58.9**	An increase in neutrophils can mean there is a bacterial infection or sever stress (*Cbc - Clinical: Complete Blood Count (Cbc) with Differential, Blood*, n.d.). The patient has a UTI.
Lymphocytes	**0.6-3.4**	**9.0**	**1.4**	An increase in lymphocytes can mean there is a bacterial infection or sever stress (*Cbc - Clinical: Complete Blood Count (Cbc) with Differential, Blood*, n.d.). The patient has a UTI.
Monocytes	**0-8**	**14.0**	**13.7**	An increase in monocytes can mean there is a bacterial infection or sever stress (*Cbc - Clinical: Complete Blood Count (Cbc) with Differential, Blood*, n.d.). The patient has a UTI.
Eosinophils	*	*	*	N/A

Bands	*	*	*	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 (2/20/21)	Today's Value (2/22/21)	Reason for Abnormal
Na-	**135-145**	**134**	**137**	Possibly due to not drinking enough fluids and being dehydrated (*Nas - Overview: Sodium, Serum*, n.d.). The patient's sodium level is slightly low, and she does have a UTI. She is also an older adult.
K+	**3.5-5.1**	**4.4**	**4.6**	N/A
Cl-	**98-107**	**104**	**106**	N/A
CO2	**22-29**	**22**	**25**	N/A
Glucose	**70-99**	**156**	**93**	High glucose level likely because patient is not watching her diet closely (*Glura - Overview: Glucose, Random, Serum*, n.d.). Patient is diabetic. She also is taking insulin on a sliding scale for her diabetes as well as Metformin.
BUN	**6-20**	**33**	**22**	The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function (*Bun - Overview: Blood Urea Nitrogen (Bun), Serum*, n.d.) Patient may be in beginning stages of kidney disease, had a previous lithotripsy, and kidney stones in the past. Patient also has a UTI.
Creatinine	**0.50-1.00**	**1.20**	**0.91**	Creatinine is commonly measured in routine clinical practice and may be a more sensitive marker of early renal disease (*Crcl - Overview: Creatinine Clearance, Serum and 24 Hour Urine*, n.d.). Patient may be in beginning stages of kidney disease,

				had a previous lithotripsy, and kidney stones in the past. Patient also has a UTI.
Albumin	**3.5-5.2**	**3.1**	*	A low level of albumin can mean there is an infection in the body (*Alb - Overview: Albumin, Serum*, n.d.) The patient has a UTI, and possibly beginning stages of kidney disease due to her past kidney stones and lithotripsy. She is on Ceftriaxone and Hydroxyurea for this issue.
Calcium	**8.4-10.5**	**5.9**	**7.9**	Calcium ions affect the contractility of the heart and the skeletal musculature and are essential for the function of the nervous system (*Ca - Overview: Calcium, Total, Serum*, n.d.). The patient did present to the hospital with confusion and was diagnosed with a UTI. She also does have a history of A Fib to which she is taking Metoprolol for.
Mag	**1.6-2.6**	**1.9**	*	N/A
Phosphate	**1.8-2.6**	*	*	N/A
Bilirubin	**0.3-1.0**	**2.8**	*	Bilirubin assesses liver function in the body. The increased bilirubin production is caused by the breakdown of erythrocytes resulting in hyperbilirubinemia in the liver causing the body to retain bilirubin (*Bili3 - Clinical: Bilirubin, Serum*, n.d.). The patient has a high bilirubin possibly due to the medications she is on; either metformin or coumadin.
Alk Phos	**40-130**	**91**	*	N/A
AST	**10-40**	**36**	*	N/A
ALT	**10-55**	**14**	*	N/A

Amylase	**6.6-35.2**	*	*	N/A
Lipase	**0-160**	*	*	N/A
Lactic Acid	**10-25**	*	*	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	**2.0-3.0**	**3.58**	**3.58**	When the INR is higher than what is recommended, this means that the blood clots slower which could put the patient in jeopardy of developing a blood clot (*Prothrombin Time Test - Mayo Clinic*, n.d.). The patient's INR is likely higher because she possibly was not taking her coumadin due to her frequent falling at home.
PT	**11-12.5**	*	*	N/A
PTT	**30-40**	**36.3**	*	N/A
D-Dimer	*	*	*	N/A
BNP	**<100**	*	*	N/A
HDL	**>45**	*	*	N/A
LDL	**<130**	*	*	N/A
Cholesterol	**<200**	*	*	N/A
Triglycerides	**40-160**	*	*	N/A
Hgb A1c	**N/A**	*	*	N/A
TSH	**<130%**	*	*	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	**Clear/Yellow**	**Dark Yellow / Turbid**		This test is used to determine diagnoses such as urinary tract infections among patients. It checks the color, clarity, appearance, concentration, and content of the urine (*Urinalysis - Mayo Clinic*, n.d.). The patient's urine is dark/yellow and turbid which means she likely has a UTI.
pH	**5-7**	**5.5**		N/A
Specific Gravity	**1.005-1.030**	**1.015**		N/A
Glucose	**Negative**	**Normal**		This test is used to determine diagnoses such as urinary tract infections among patients. It checks the color, clarity, appearance, concentration, and content of the urine (*Urinalysis - Mayo Clinic*, n.d.). The patient's urine has glucose which means she likely has a UTI due to colonization of the glucose.
Protein	**Negative**	**1+**		This test is used to determine diagnoses such as urinary tract infections among patients. It checks the color, clarity, appearance, concentration, and content of the urine (*Urinalysis - Mayo Clinic*, n.d.). This could be a result of her chronic kidney issues.
Ketones	**Negative**	**Negative**		N/A
WBC	**Negative**	**>100**		This test is used to determine diagnoses such as urinary tract infections among patients. It checks the color, clarity, appearance, concentration, and content of the urine (*Urinalysis - Mayo Clinic*, n.d.). The patient's urine is high in

				white blood cells which means she likely has a UTI.
RBC	**Negative**	**5**		This test is used to determine diagnoses such as urinary tract infections among patients. It checks the color, clarity, appearance, concentration, and content of the urine (*Urinalysis - Mayo Clinic*, n.d.). The patient's urine has presences of RBCs which means possible irritation/inflammation due to the UTI.
Leukoesterase	**Negative (Merck Manuals, 2020)**	**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	**Negative**		**Cultured Out**	**Growth of E. Coli >100,000 cfu/mL**
Blood Culture	**N/A**	**N/A**	**N/A**	
Sputum Culture	**N/A**	**N/A**	**N/A**	
Stool Culture	**N/A**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Alb - overview: Albumin, serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/8436

Bili3 - clinical: Bilirubin, serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Clinical and Interpretive/8452

Bun - overview: Blood urea nitrogen (bun), serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/81793

Ca - overview: Calcium, total, serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/601514

Cbc - clinical: Complete blood count (cbc) with differential, blood. (n.d.). https://www.mayocliniclabs.com/test-catalog/Clinical and Interpretive/9109

Crcl - overview: Creatinine clearance, serum and 24 hour urine. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/113357

Glura - overview: Glucose, random, serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/89115

Kee, J. L. (n.d.). *Laboratory and diagnostic tests with nursing implications (subscription)* (10th ed.). Pearson Education (US).

Nas - overview: Sodium, serum. (n.d.). https://www.mayocliniclabs.com/test-catalog/Overview/602353

Prothrombin time test - mayo clinic. (n.d.). https://www.mayoclinic.org/tests-procedures/prothrombin-time/about/pac-20384661

Urinalysis - mayo clinic. (n.d.). https://www.mayoclinic.org/tests-procedures/urinalysis/about/pac-20384907

All Other Diagnostic Tests (5 points):

XR Chest 1 view (Indications Altered Mental Status)

Heart size mildly enlarged. Mild interstitial thickening. No visualized pneumothorax or pleural effusion. Osseous structures intact. The patient had a chest x-ray done to visualize any

abnormalities. The chest x-ray can help detect irregularities with the heart, lungs, and bones around them (Mayo Clinic Staff, 2020)

CT Brain/Head w/o Contrast (Indications Falls, Weakness)

CSF spaces are normal in size and configuration for patient age. Bifrontal bossing. No extra axil fluid collection, hemorrhage, mass, or evidence of acute infarct. Calvarium is intact. No paranasal sinus mucosal thickening.

The patient had this CT completed because she is on a blood thinner and the procedure was completed to check to make sure she did not have a bleed on her brain (Mayo Clinic Staff, 2020).

Diagnostic Test Correlation (5 points):

Patient had a CXR and a CT of the brain due to her use of Warfarin and history of gait disturbance and falling at home prior to coming to the hospital.

Diagnostic Test Reference (1) (APA):

Ct scan images of the brain. (n.d.). Mayo Clinic. https://www.mayoclinic.org/tests-procedures/ct-scan/multimedia/ct-scan-images-of-the-brain/img-20008347

Chest x-rays - mayo clinic. (n.d.). https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand/ Generic	**levetiracetam Keppra**	**metformin/ Glucophage**	**pravastatin/ Pravachol**	**levothyroxine/ Synthroid**	**warfarin/ Coumadin**
Dose	**250mg**	**500mg**	**40mg**	**50mcg/ 0.05mg**	**4mg**
Frequency	**BID**	**BID**	**Daily**	**Daily**	**Daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Anticonvulsant**	**Antidiabetic**	**Antilipemic**	**Thyroid hormone replacement**	**Anticoagulant**
Mechanism of Action	May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. Levetiracetam does not seem to involve inhibitory and excitatory neurotransmission	May promote storage of excess glucose as glycogen in the liver, which reduces glucose production. Metformin also may improve glucose use by adipose tissue and skeletal muscle by increasing glucose transport across cell	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.	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.	Interferes with the liver's ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors II (prothrombin), VII, IX, X. This action, in turn interferes with the clotting cascade. By depleting vitamin K-dependent clotting

		membranes.			factors and interfering with the clotting cascade, warfarin prevents coagulation.
Reason Client Taking	Seizures – however, there is no actual seizure diagnosis on patient's chart at SBLHC.	Diabetes Mellitus Type II	Hyperlipidemia	Hypothyroidism	A-Fib
Contraindications (2)	Hypersensitivity to levetiracetam or its components – There is only 1 contraindication in the drug book.	Advanced renal disease Advanced Renal disease (estimated glomerular rate below 30 ml/min). Hypersensitivity to metformin or its components, metabolic acidosis, use of iodinated contrast media within preceding 48 hours.	Active hepatic disease or unexplained persistent elevated liver enzymes, breastfeeding; hypersensitivity to pravastatin or its components; pregnancy	Acute MI, hypersensitivity to levothyroxine or its components, uncorrected adrenal insufficiency, untreated thyrotoxicosis	Bleeding or bleeding tendencies; cerebrovascular hemorrhage
Side Effects/ Adverse Reactions (2)	Abnormal Gait, Fatigue	Hypoglycemia, Lactic acidosis	Pancreatitis, Angioedema	Seizures, MI	Intracranial hemorrhage; hypotension
Nursing	Monitor	Know that	Use pravastatin	Be aware	Monitor

Considerations (2)	patient for seizure activity during therapy. As appropriate, implement seizure precautions according to facility policy. Avoid stopping drug abruptly because doing so may increase seizure activity.	metformin should never be given to a patient with severe renal impairment (eGFR below 30ml/min). Also be aware that metformin is not recommended for use in patients with hepatic impairment because of risk of lactic acidosis. Give metformin tablets with food, which decreases and slightly delays absorption.	cautiously in patients with hepatic or renal impairment and in elderly patients. Monitor liver enzymes before pravastatin therapy starts and as indicated during therapy.	that levothyroxine therapy is not to be used for treatment of obesity or for weight loss. Monitor pt. of patient who is receiving anticoagulants; she may require dosage adjustments	patient with hepatic impairment closely for bleeding because hepatic impairment decreases metabolism of warfarin and impairs synthesis of clotting factors. Monitor INR and assess for therapeutic effects, as prescribed. Therapeutic INR levels are 2.0 to 3.0 for bioprosthetic heart valve, nonvalvular atrial fibrillation, and venous thromboembolism, and 2.5 to 3.5 after MI and for mechanical heart valve.

Hospital Medications (5 required)

Brand/ Generic	**aspirin/ Aspirin**	**ceftriaxone/ Rocephin**	**Hydroxyurea**	**Insulin Aspart**	**Metoprolol Tartrate**

Dose	81mg	2000mg	500mg	Sliding Scale 141-199: 1 unit 200-249: 2 units 250-299: 3 units 300-349: 4 units >349: 5 units	25mg
Frequency	Daily	Every 24 hours	Every M, W,F,Sat.	Sliding Scale /TID	BID
Route	PO	IV Piggyback	PO	SQ	PO
Classification	NSAID	Antibiotic	Antineoplastic drug	Insulins	Beta Blocker
Mechanism of Action	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhibition of prostaglandins, inflammatory	Interferes with bacterial cell wall synthesis by inhibiting cross-linking of peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective. Without it, bacterial cells rupture and die.	Used to treat cancer of the white blood cells called chronic myeloid leukemia. It may also be given together with radiation treatment for head and neck cancer (advanced squamous cancer). Hydroxyurea interferes with the growth of	Replaces endogenous insulin. It is the only parenteral antidiabetic agent available for exogenous replacement of low levels of insulin. It reacts with the receptors of the cells to facilitate transport of various metabolites and ions across cell membranes and stimulates the synthesis of glycogen	Antagonizes the inhibitory effect of dopamine on GI smooth muscle. This causes gastric contraction, which promotes gastric emptying and peristalsis, thus reducing gastroesophageal reflux.

	symptoms subside.		cancer cells, which are eventually destroyed by the body.	from glucose, of fats from lipids, and proteins from amino acids.	
Reason Client Taking	Prophylaxis for clots	Antibiotic for UTI	Kidney Stones	Diabetes Meletus	Hypertension
Contraindications (2)	Active bleeding or coagulation disorders; hypersensitivity to aspirin	Hypersensitivity to ceftriaxone, or other betalactam antibacterial or cephalosporins, penicillin, or their components. Calcium-containing IV solutions.	Pregnancy (category D); lactation, children	Replacement hormone. Close monitoring needed among pregnant and lactating women to adjust the dose accordingly. It is the drug of choice for management of diabetes during pregnancy.	Acute heart failure; cardiogenic shock; hypersensitivity to metoprolol its components or other beta blockers
Side Effects/Adverse Reactions (2)	Prolonged bleeding time, thrombocytopenia	Seizures; pancreatitis; Acute renal failure	Elevated BUN, Creatinine. Drowsiness	Hypoglycemia and ketoacidosis. Local reactions at the injection site	AV block, bradycardia, Angioedema
Nursing Considerations (2)	Advise adult patient taking low-dose aspirin not to also take ibuprofen because it may reduce the cardioprotective and stroke	Be aware that calcium-containing products must not be given I.V. within 48 hours of ceftriaxone, including solutions	Determine status of kidney, liver, and bone marrow function before and periodically during therapy;	MAOIs, increase glucose reduction. Beta blockers reduce glucose reduction. Assess for contraindications or	Know that patients undergoing noncardiac major surgery should not begin a high dose regimen using extended-release

	preventive effects of aspirin. Tell patient to consult prescriber before taking aspirin with any prescription drug for blood disorder, diabetes, gout, or arthritis	given through a different I.V. in and at a different site, because a ceftriaxone-calcium salt may precipitate in the lungs and kidneys and could be fatal. Ask a patient if an allergic reaction was ever experienced when given other antibiotics.	Monitor hemoglobin, WBC, platelet count at least once weekly. Monitor I&O.	cautions so that appropriate dose adjustments can be completed.	metoprolol because such use in patients associated with bradycardia, hypotension, stroke, and death. Use metoprolol with extreme caution in patient with bronchospastic disease who do not respond to or can't tolerate other antihypertensives.

Medications Reference (1) (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert & Oriented X4 No Acute Distress Well-groomed and appropriately dressed
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** .	 Pink Dry Warm, 36.8 C No tenting/under 3 seconds None Has bruise on left side of neck None

Braden Score: **Drains present: Y☐ N ☒** **Type:**	17 – Moderate risk (has redness on perineal area from excoriation/wiping)
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Supple, non-tender-no carotid bruits, no JVD, no lymphadenopathy, no thyromegaly, normocephalic Clear tympanic membrane PERRLA, normal conjunctiva, EOMI No sinus tenderness No decay, moist oral mucosa
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:**	 Normal rate, S1 and S2 Regular rhythm N/A Less than 3 seconds
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear to auscultation and percussion, non-labored respirations
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:**	Normal/ Regular Carb consistent 1800-2000 calories 152.5 cm 88.7 kg Normal in all four quadrants 02/18/21 None None None None None None None
GENITOURINARY (2 Points): **Color:**	 Yellow

Character: **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Clear 1450 mL Normal, no discharge
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☒**	 ROM strong bilaterally upper extremities. ROM weak bilaterally in lower extremities Walker, Gait Belt, BSC, (Cane at home) Weak bilaterally (legs) 85 1 assist Needs assistance with walking; patient uses GB & Walker to BSC
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Yes, weak in bilateral legs, gait slightly unsteady Alert and Oriented X4 Alert Clear and intelligible Alert and responsive
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):**	 Son, Grandson, Daughter Appropriate for age N/A Lives with son and grandson currently; but will d/c home with daughter, Penny who is a retired CNA.

Vital Signs, 2 sets (5 points) 2/22/21

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0300	**60 BPM**	**127/73**	**20**	**36.6 C**	**96% RA**

		Right arm / dynamap			
0745	**65 BPM**	**127/72 Right arm / dynamap**	**20**	**36.8 C**	**95% RA**

Pain Assessment, 2 sets (2 points) 2/22/21

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0900	**Numeric**	**N/A**	**N/A**	**N/A**	**N/A**
1100	**Numeric**	**N/A**	**N/A**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20g **Location of IV: Left forearm** **Date on IV:2/21/21** **Patency of IV: Patent** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: Dry and intact**	Saline Lock
IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20g **Location of IV: Right forearm** **Date on IV:2/21/21** **Patency of IV: Patent** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: Dry and intact**	Saline Lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
600mL – Oral 100mL – IV NS	1450 mL – Voided Urine

Total – 700mL	Total – 1450mL

Nursing Care

Summary of Care (2 points)

Overview of care: PT is A & O X 4, able to verbalize her needs, denies pain, and is up with 1 assist with a GB & Walker. PT has been seen by Dr. Bumatayo during the shift.

Procedures/testing done: PT had a thoracentesis and minimal fluid was retrieved.

Complaints/Issues: PT has no complaints or issues. PT reports no pain.

Vital signs (stable/unstable): Tele shows NSR with a HR in the 60's, VSS, and will continue to monitor.

Tolerating diet, activity, etc.: PT is up with 1 asst with gait belt and walker to bedside commode and has a Carb Consistent diet with 1800-2000 calories per day.

Physician notifications: Dr. Bumatayo states that patient can d/c later today after lunch.
Future for patient: PT plans to discharge back to home today with her daughter Penny.

Discharge Planning (2 points)

Discharge location: Daughter's home

Home health needs (if applicable): Daughter is a retired CNA, so patient refuses home health.

Equipment needs (if applicable): Patient's daughter has cane, walker, gait belt and commode.

Follow up plan: N/A

Education needs: Patient will be educated on wiping from front to back when she wipes her perineal area. This will help prevent further UTI's.

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. Impaired urinary elimination related to bacteriuria as evidenced by dysuria	Impaired urinary elimination related to bacteriuria as evidenced by dysuria	**1.**Monitor ordered lab values such as WBC and urinalysis daily. **2.**Educate patient and family to wipe front to back after urination to reduce risk of infection.	Upon discharge, patient and family will name 5 methods to reduce the chance of another urinary tract infection that they will use at home. – Goal partially met. Will have this goal completely met at discharge. Patient will be free of bacterial infection upon discharge from hospital. – Goal met. Patient is already wiping properly.
2. Risk for Fall related to change in mental status as evidenced by confusion.	Change in the mental status of the patient can cause impaired judgement and confusion which increases the patient chance of falling.	1. Provide signs or secure wristband identification 2. Provide room to a patient near the nurses' station 3. Adjust the bed into the lowest possible position. 4. Raise the side rails of the bed. 5. Put the items within reach of the patient. 6.. Respond to call light as soon as possible.	Patient, caregiver, and family members follow and implement strategies to prevent falls thereby increasing safety of the patient. – Goal met. Staff answering call light quickly, bed alarm on, items placed within reach of patient, bed lower and locked.
3. Impaired Physical Mobility related to decreased in	Decreased muscle function accompanied by reduction in muscle strength	1.Evaluate patient's ability to perform ADL (Activity of Daily Living) efficiently and on a safe manner.	Patient's ability to perform ADL independently. -Patient and family members used safety measures to minimize risk

	muscle function as evidenced by muscle weakness and unsteady gait.	and changes in gait affects balance which greatly jeopardize patient' inability to move freely and independently.	2. Monitor nutritional needs of the patient. 3. Evaluate patient's need for assistive devices. 4. Provide a clean and safe environment for the patient. 5. Execute passive and active ROM exercise.	for fall or injury. - Patient demonstrates the use of adaptive device to increase mobility. Goal met – patient able to perform ADLs in a safe manner; she is eating all her meals and able to do so with no help; patient benefits from gait belt, walker, and commode even after returning back home. Patient's room is close to nurse station and is cleaned daily for sanitary purposes. Patient can perform ROM exercises with help of Physical Therapy. She will be sent home with exercises she can do independently once she discharges. Goals Met – Patient has been working with PT/OT, and her room is close to nurse station.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient presents to Sarah Bush Lincoln for weakness, difficulty walking confusion and falling at home. She has a large hematoma on the left side of her neck from a fall earlier in the week. She states she cannot remember what occurred that she began falling. She states she noticed that she became off balance when "trying to take a shower and bathe myself. I live with my son and grandson and I would rather not have them assist me in getting dressed or showering because I do not want them to see me naked". She also mentions she thinks she has fallen a total of four times since this past Monday. She mentions she takes medications for her hypertension, and she has diabetes but does not remember the last time she checked her sugar. She also does not follow a low-carb diet at home. She states she takes a blood thinner but cannot remember what kind or dose

Nursing Diagnosis/Outcomes

Impaired urinary elimination related to bacteriuria as evidenced by dysuria
Impaired urinary elimination related to bacteriuria as evidenced by dysuria
Risk for Fall related to change in mental status as evidenced by confusion.
Change in the mental status of the patient can cause impaired judgement and confusion which increases the patient chance of falling.
Impaired Physical Mobility related to decreased in muscle function as evidenced by muscle weakness and unsteady gait.
Decreased muscle function accompanied by reduction in muscle strength and changes in gait affects balance which greatly jeopardize patient' inability to move freely and independently.

Objective Data

Patient's vital signs upon admit are:
BP: 127/72 mmHg
RR: 20
Pt's current abnormal vital signs are:
Oxygen: 92%

Visual assessment shows that pt. has difficulty with gait and movement. She needs a gait belt to move safely in her room from bed to commode.
Pt had a CT of the Brain which was normal – and did not show a brain bleed. Patient also had a Chest XR which showed an enlarged heart, but no pneumothorax present.
Hgb and Hct levels are 12 and 35 respectively, which are both low. Pt also has a high INR level which indicates that she is not taking her coumadin and is more susceptible to a blood clot.

Patient Information

82-year-old Caucasian female with past medical history of Anxiety, Arthritis, A-Fib/Proximal A-Fib, BPV (Benign positional vertigo), Diabetes Mellitus II, Hypertension, Kidney Stones, Hyperlipidemia, Venous insufficiency; bilaterally presents with weakness, falls, confusion.

Nursing Interventions