N321 Care Plan # 1 (Revise)

Lakeview College of Nursing

Jordan Helton

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
2/23/21	C.A.D	63	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Married	Levaquin
Code Status	**Height**	**Weight**	
Full Code	167 cm	148 kg	

Medical History (5 Points)

Past Medical History: Chronic venous insufficiency, CAD, hypercholesrolemia, hypertensive cardiovascular disease, left leg pain, morbidly obese, OSA, peripheral edema, diabetus mellitus

Past Surgical History: C-section (1999), cardiac catheterization

Family History: The only known family history is coronary artery disease on both mother and father side of the family.

Social History (tobacco/alcohol/drugs): Patient reports occasionally drinking mixed drinks (1-3 per week). Patient does not report tobacco and recreational drug use.

Assistive Devices: Patient reports wearing glasses on a daily basis. She uses a walker to ambulate far distances.

Living Situation: Patient lives at home with a significant other and her niece that she has custody over.

Education Level: Patient states having some college education.

Admission Assessment

Chief Complaint (2 points): Left leg cellulitis

History of present Illness (10 points):.

A 63-year-old, married, woman was presented to the ED with a chief complaint of lower leg extremity pain and swelling. Patient has stated she has had increasing swelling and redness in her

legs in the last month. Patient has noted that her swelling has gotten worse in the last six months. Weeping drainage has been noticeable in her left leg the last few weeks. In the same leg, on her heel, there has been a sore just accumulating. Patient is unable to ambulate with ease. Patient has a history of morbid obesity, obstructive sleep apnea, hypercholesterolemia, hypertension, chronic venous insufficiency, coronary artery disease, and diabetes. Patient denies any chest pain or shortness of breath.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):.Lower left leg cellulitis

Secondary Diagnosis (if applicable): N/A.

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

Cellulitis is a common, serious bacterial skin infection. The affected skin appears swollen and red. This is typically painful and warm to the touch.Cellulitis usually affects the skin on the lower legs, but it can occur in the face, arms and other areas. This occurs due to bacteria entering a wound or an area of no skin. Streptococcus pneumoniae is the cause of this infection (Hinkle & Cheever, 2018).

A patient has very localized signs and symptoms of cellulitis. The redness might not be uniform and skips areas. This may develop an “orange peel” appearance (Hinkle & Cheever, 2018). There is swelling, localized redness, warmth, and pain is associated with systemic signs of fever, chills, and sweating. To differentiate cellulitis and lymphangitis, look for the localized redness and swelling in the legs(Hinkle & Cheever, 2018). Patient has redness, swelling, weeping, and pain localized in the lower left leg. She has dead skin peeling daily after unwrapping legs.

Certain risk factors increase the risk of contracting cellulitis. An injury is a very easy way of getting cellulitis. The types of injuries include cuts, fractures, burns, or scrapes. This gives bacteria an entry point. A weakened immune system of conditions such as diabetes, leukemia, and HIV/AIDS. Infections are more common with weakened immune systems. Chronic swelling of the extremities and

being obese are an increasing risk of cellulitis (Mayo Clinic, 2020). The patient has a few risk factors for her high chance of cellulitis. Patient has diabetes, swelling of extremities, foot sore, and obesity.

Diagnosis of cellulitis is by observation of the skin by the doctor. Blood tests may be ordered to rule out other conditions. Oral antibiotics is the recommended treatment for cellulitis. Taking antibiotics for the recommended amount of days by the doctor should do the trick. Antibiotics may be taken intravenously for a few reasons. This includes oral antibiotics do not reduce signs and symptoms, signs and symptoms are extensive, and high fever (Mayo Clinic, 2020). Always take antibiotics thoroughly even when there are no signs and symptoms present.

A nursing consideration is to elevate affected legs 3 to 6 inches above heart level. Applying cool packs to site every 2 to 4 hours until inflammation has resolved. Use caution with warm packs after using cool packs on patients with poor circulation and sensory deficits (Hinkle & Cheever, 2018). The patient has poor circulation relating to chronic venous insufficiency. This patient has a history of diabetes. The patient should receive education or reinforcement for skin and foot care. Educating the patient is the most important step to preventing any recurring episodes.

Pathophysiology References (2) (APA):

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

Mayo Clinic (2020). *Cellulitis - Diagnosis and treatment.* (2020, February 6). Mayo Clinic. Retrieved on March 17, 2021, from https://www.mayoclinic.org/diseases-conditions/cellulitis/diagnosis-treatment/drc-20370766

Mayo Clinic (2020). *Cellulitis - Symptoms and causes.* (2020, February 6). Mayo Clinic. Retrieved on March 17, 2021, from https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762

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	4.4-5.5	2.92	N/A	Patient has a few possible reasons for low RBC count. She has a history of heart disease. Also, she is fighting an infection of cellulitis. (Corbett & Banks, 2019)
Hgb	13.1-16.0	8.0	N/A	The patient has anemia due to low RBC's and Hgb. With low RBC levels, Hgb is typically low as well. (Corbett & Banks, 2019)
Hct	39.0-48.5	24.8	N/A	Low Hct occurs due to the presence of an infection and a low level of healthy RBC's for this patient. This patient is experiencing anemia due to low blood levels. (Corbett & Banks, 2019)
Platelets	145-358	306	N/A	
WBC	4.5-11.0	14.9	N/A	Patient is fighting a bacterial infection of cellulitis in the leg. WBC count increases with an infection present. (Corbett & Banks, 2019)
Neutrophils	2.3-5.7	8.1	N/A	Neutrophil count has increased due to a bacterial infection of cellulitis. Neutrophil count increases to fight off infections in the body. (Corbett & Banks, 2019)
Lymphocytes	1.1-3.3	2.0	N/A	
Monocytes	0.3-0.8	7.0	N/A	Monocyte count increases due to an increase of neutrophils and infection. The monocytes help remove damaged tissue and dead macrophages. (Corbett & Banks, 2019)
Eosinophils	0.03-0.45	0.9	N/A	Eosinophils is a type of white blood cell that fights infection. With increased WBC's due to infection, eosinophils increase in response.
Bands	N/A	N/A	N/A	

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

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	140	N/A	
K+	3.5-5.0	3.7	N/A	
Cl-	96-107	104	N/A	
CO2	21-32	28	N/A	
Glucose	74-106	130	N/A	High glucose level is high due to a medical history of diabetes mellitus. Insulin has not been given for this patient. Patient was given insulin soon after. An infection could also be the reason for high glucose levels. (Corbett & Banks, 2019)
BUN	7-18	11	N/A	
Creatinine	0.7-1.3	0.92	N/A	
Albumin	3.4-5.0	4.1	N/A	
Calcium	8.5-10.1	7.3	N/A	Patient has furosemide as a home medication. This is a loop diuretic that causes excretion of large amounts of calcium. (Corbett & Banks, 2019)
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.2-1.0	N/A	N/A	
Alk Phos	45-117	N/A	N/A	
AST	7-56	9	N/A	
ALT	8-48	11	N/A	

Amylase	30-110	N/A	N/A	
Lipase	23-85	N/A	N/A	
Lactic Acid	0.5-1.0	2.2	N/A	Patient has a history of heart disease (CAD). A lack of oxygenated blood is being poorly cirvulated. Carbohydrates break down to make energy and create more lactic acid. (Corbett & Banks, 2019)

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				****Pt does not have any following lab values at this time****
PT				
PTT				
D-Dimer				
BNP				
HDL				
LDL				
Cholesterol				
Triglycerides				
Hgb A1c				
TSH				

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				*****Pt does not have any following lab values at this time*****
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				*****Lab results not taken at this time*****
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (1) (APA):

Corbett, J. V., & Banks A. D. (2019). *Laboratory tests and diagnostic procedures: with nursing diagnoses.* (9th ed.). Pearson.

Sarah Bush Lincoln Health Center (2020). *Reference range (lab value).* Mattoon, IL.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

XR Foot complete 3 or greater views Lt

Diagnostic Test Correlation (5 points):

An x-ray is used on patients to determine broken, dislocated bones. They are used to determine swelling, pain, and deformities. An x-ray can help determine proper alignment and whether they healed properly (Corbett & Banks, 2019). This patient has this diagnostic test done due to swelling, pain, and dead tissue in the area.

Diagnostic Test Reference (1) (APA):

Corbett, J. V., & Banks A. D. (2019). *Laboratory tests and diagnostic procedures: with nursing diagnoses.* (9th ed.). Pearson.

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

Home Medications (5 required)

Brand/Generic	**Lasix/ Furosemide**	**Nitrostat/ Nitroglycerin**	**Pepcid/ Famotidine**	**Toprol-XL/ Metoprolol**	**Ecotrin/ Aspirin**
Dose	40 mg	0.4 mg	20 mg	25 mg	81 mg
Frequency	x1 daily	Q 5 min PRN	x1 daily	1 tab x2 BID	x1 daily
Route	oral	sublingual	oral	oral	oral

Classification	Diuretic	Antianginal, vasodilator	Antiulcer agent	Antihypertensive	NSAID
Mechanism of Action	Inhibits Na and water reabsorption in the loop of henle and increases urine formation (2020 Nurse's Drug Handbook, 2020).	Reduces preload and afterload, which decreases myocardial workload and O2 demand. Dilates coronary arteries for better blood flow(2020 Nurse's Drug Handbook, 2020).	An inhibitor of histamine H2 receptors. Inhibits production of gastric juices(2020 Nurse's Drug Handbook, 2020).	Inhibits stimulation of beta 1-receptor sites in the heart, resulting in cardiac output, decreased cardiac excitability, and myocardial oxygen demand(2020 Nurse's Drug Handbook, 2020).	Blocks the enzyme for prostaglandin synthesis. Causes inflammatory response. Pain signals to stop transmission (2020 Nurse's Drug Handbook, 2020).
Reason Client Taking	To help reduce edema in lower extremities	To treat acute angina attacks	To help treat heartburn and indigestion	To treat HTN and enlarged heart	To treat leg pain
Contraindications (2)	Anuria, hypersensitivity to drug	Acute MI, hypersensitivities to nitrates	Other H2 antagonists, hypersensitivity to drug	Second-or third-degree AV block	Current or recent GI bleed or ulcers, blled/coagulation disorders
Side Effects/Adverse Reactions (2)	Arrhythmias, thromboembolism	Arrythmias, hypotension	thrombocytopenia, AV block	Abdominal cramps, diarrhea	GI bleeding, prolonged bleeding time
Nursing Considerations (2)	Assess fluid status, monitor daily weight	Monitor labs, treat if pain does not go away	Administer at bedtime, decrease dose with renal failure	Check vitals (BP and HR), client educate about not drinking alcohol	Check patient medical history, educate patient

Hospital Medications (5 required)

Brand/Generic	**Lovenox/ enoxaparin**	**Mycostatin/ nystatin**	**Novolog/ insulin aspart**	**Tylenol/ acetaminophen**	**Zofran/ ondansetron**

Dose	40 mg	100,000 units/g topical powder	5 units (0.05 mL)	650 mg (2 tabs)	4 mg (2 mL)
Frequency	1x daily	3x daily	3x daily	Q6H PRN	Q6H PRN
Route	SubQ	P.O.	SubQ	P.O.	I.V.
Classification	Anticoagulant	Antifungal	Antidiabetic (rapid-acting insulin)	Antipyretic, nonopioid	Antiemetic
Mechanism of Action	Binds and potentiates prothrombin III to inactivate clotting factors (2020 Nurse's Drug Handbook, 2020).	Binds to sterols in fungal cell membranes, impairing membrane integrity. The cells lose intracellular potassium and other cellular content(2020 Nurse's Drug Handbook, 2020).	binds to insulin receptors on muscle and fat cells, which lowers blood glucose by cellular uptake of glucose and inhibiting output of glucose from the liver(2020 Nurse's Drug Handbook, 2020).	Inhibits cyclooxygenase, blocking prostaglandin production and interferes with pain impulse in PNS(2020 Nurse's Drug Handbook, 2020).	Blocks serotonin receptors centrally in chemoreceptor zone and peripherally at vagal nerve terminals in the intestine. This reduces nausea and vomiting(2020 Nurse's Drug Handbook, 2020).
Reason Client Taking	To prevent DVT occurence	To treat skin infection (cellulitis)	To treat diabetes mellitus	To treat mild to moderate pain throughout his body	To prevent nausea and vomiting
Contraindications (2)	History of HIT or immune-mediated HIT within last 100 days, active major bleeding	Hypersensitivity to drug or its components	During episodes of hypoglycemia, hypersensitivity to drug or its components	Severe hepatic impairment, severe active liver disease	Concomitant use of apomorphine, hypersensitivity to drug or its components
Side Effects/Adverse Reactions (2)	Atrial-fibrillation, HIT or immune-mediated	Irritation to skin (only reaction for topical version)	Dizziness, blurred vision	hepatotoxicity, atelectasis	Hypotension, angioedema
Nursing	Use extreme	Gently rub	Monitor patient	Use	Make sure

Considerations (2)	caution in patients with history of HIT; Keep protamine sulfate nearby in case of overdose	nystatin cream or ointment into skin at affected area and keep area dry; Caution patient to keep ointment away from their eyes	closely for signs and symptoms of hypoglycemia; Monitor patient's blood glucose level closely to detect need for dosage adjustment	cautiously in hepatic impaired patients; Monitor AST, ALT, bilirubin, and creatinine levels	hypokalemia and hypomagnesemia are corrected before giving medication because increased risk for QT-interval prolongation; Advise patients to seek medical attention if patient experiences persistent, severe, unusual, or worsening symptoms.

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:**	A&O x3 No signs of acute distress Well oriented Well kept and groomed
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Skin is pink and dry; Temperature of skin is warm to the touch turgor is good; snaps back to place; hydrated No presence of rashes, bruises, or lesions 9 Drains are not present Left leg with swelling, weeping, and erythema Diabetic foot ulcer on left heel (debridement done 2/24/21
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic, jugular veins not distended; Lymph nodes not palpable on touch gray pearly TM, little cerumen PERRLA No sinus tenderness Moist oral mucosa, no oral lesions, teeth intact
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 X N ☐** **Location of Edema:**	. Heart sound NSR No murmurs, gallops, or rubs Strong,equal less than 3 seconds No NVD present Edema is present in lower extremities Pitting edema 2; +2 pedal pulses Left lower leg is weeping fluids
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	Clear to auscultation bilaterally in all lobes Rales, rhonchi, and wheezing are not present Accessory muscles are not used

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 diet at home Current diet has not been modified 167 cm 148 kg Normoactive bowel sounds in all four quadrants Last BM- 2/24/21 Soft and nondistended; No mass or AAA Left heel wound open due to debridement done on 2/24/21 There is no presence of an ostomy, nasogastric, and feeding tubes not present
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	 Yellow/clear slight aroma 842.08 mL No pain on urination No dialysis Normal genitalia catheter not present
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☐**	. 5/5 strength in upper and lower extremities ROM is normal; No pain or decreased ROM Uses glasses on daily basis; A walker used to ambulate far distances No ADL assistance needed per patient Yes 55 No- patient ambulates with walker well Yes- 1 person assistance with ambulation
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐**	 MAEW- yes

PERLA: Y ☐ N☐ **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Cranial nerves grossly intact No noted sensory deficits PERRLA Strength equal in lower and upper extremities' 5/5 strength in upper and lower extremities A&O x3 Patient speaks english well Patient is conscious
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):**	. Talks to her niece she has custody over Appropriate for age Catholic; Means everything to her because she keeps faith with all the obstacles that come her way

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	**75**	**130/68**	**16**	**36.8 C**	**94**
1030	**78**	**134/70**	**16**	**36.7 C**	**95**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	**numeric scale**	**left lower leg**	**8/10**	**throbbing**	**pain medication**
1030	**numeric scale**	**left heel (debridement done recently)**	**4/10**	**throbbing; pain comes and goes**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 18 gauge **Location of IV:** right forearm **Date on IV:** 2/23/21	Saline lock Vancomycin-pharmacy to dose; IV piggyback

Patency of IV: No phelebitis; dry, intact **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** transparent; dry, intact	

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
2/23/21 IV fluid: 1876.67 mL 2/24/21 IV fluid: 842.08 mL	2/23/21 Urine: 1576.67 mL 2/24/21 Urine: not measured at this time

Nursing Care

Summary of Care (2 points)

Overview of care: The goals for this patient today included pain management and treating the left heel wound. Patient is having debridement done on left heel to remove eschar tissue. Pain medication and antibiotics are given at this time.

Procedures/testing done: Patient has not left the floor today for any procedures.

Complaints/Issues: Patient has been complaining of lower left leg pain r/t cellulitis. Throughout the day, the pain becomes bearable.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: I helped patient to the commode once. Patient had breakfast before I got there. She states having a normal diet even if she is a diabetic. Patient does not want to ambulate due to leg pain. She wanted to sleep since not being able to sleep last night.

Physician notifications: N/A

Future plans for patient: Patient will continue to take antibiotics and pain medication upon discharge. Wound care will be given to sore after debridement.

Discharge Planning (2 points)

Discharge location: Patient will be discharged home once a discharge date is implemented.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: Patient will be educated on hygiene care to prevent cellulitis due to injury to skin from diabetes. Education should be given to the patient about new medications that are being taken home.

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

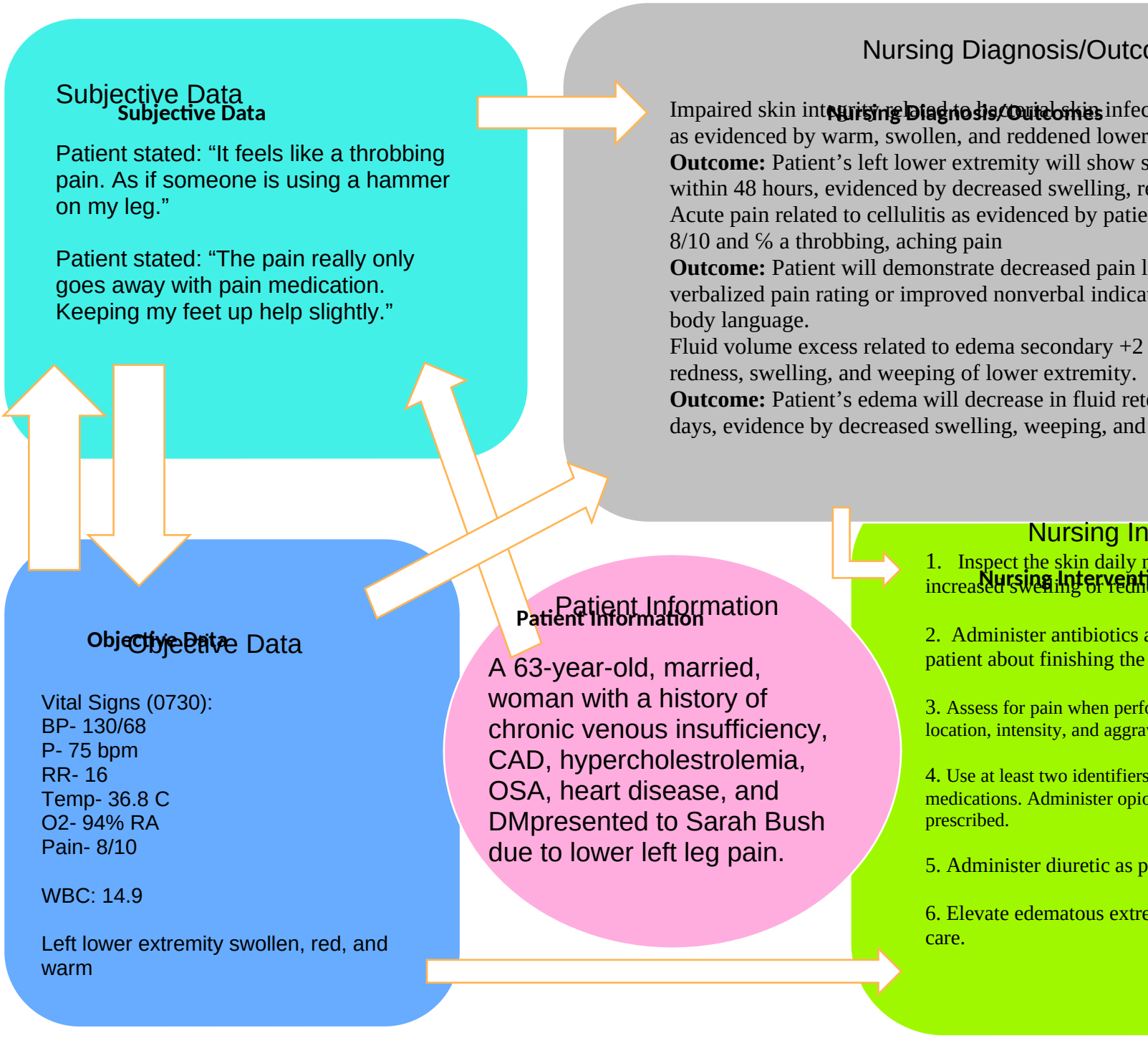
Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** ● Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** ● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Impaired skin integrity related to bacterial skin infection secondary to cellulitis as evidenced by warm, swollen, and reddened lower left leg.	Patient's impaired skin integrity could lead to sepsis.	1. Inspect the skin daily noting any changes such as increased swelling or redness. 2. Administer antibiotics as prescribed and educate patient about finishing the antibiotic.	Patient's legs were observed several times during the clinical round. Bandages were applied to help the healing of the extremity. Vancomycin was administered at 0730.
2. Acute pain	Pain interferes	1. Assess for pain when	Pain assessment was

related to cellulitis as evidenced by patient's numerical rating of 8/10 and % a throbbing, aching pain	with the patient's sleep, daily activities, and ambulation.	performing vital signs. Assess location, intensity, and aggravating/alleviating factors. 2. Use at least two identifiers before administering pain medications. Administer opioid analgesic for severe pain as prescribed.	completed at 0730 before giving medication. Pain assessment was completed at 0830 following administration of medication. Patient's identification was verified using name and date of birth before administering vancomycin at 0730.
3. Fluid volume excess related to edema secondary +2 pitting edema with redness, swelling, and weeping of lower extremity.	Patient has swollen lower extremities that are in pain.	1. Administer diuretic as prescribed 2. Elevate edematous extremities, and handle with care.	Patient was given diuretic at 0730 with other medications to help reduce fluid retention. Edematous extremities are kept up in bed. This is to help venous return to the heart. In return, decreases edema. Patient states she feels better with legs up.

Other References (APA):

Concept Map (20 Points):

Swearingen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health (5th ed.). Elsevier.


Subjective Data
Subjective Data
Patient stated: “It feels like a throbbing pain. As if someone is using a hammer on my leg.”
Patient stated: “The pain really only goes away with pain medication. Keeping my feet up help slightly.”
Nursing Diagnosis/Outc
Nursing Diagnosis/Outcomes
Impaired skin integrity related to bacterial skin infec
as evidenced by warm, swollen, and reddened lower
Outcome: Patient’s left lower extremity will show s
within 48 hours, evidenced by decreased swelling, re
Acute pain related to cellulitis as evidenced by patie
8/10 and % a throbbing, aching pain
Outcome: Patient will demonstrate decreased pain l
verbalized pain rating or improved nonverbal indica
body language.
Fluid volume excess related to edema secondary +2
redness, swelling, and weeping of lower extremity.
Outcome: Patient’s edema will decrease in fluid ret
days, evidence by decreased swelling, weeping, and
Nursing In
Nursing Intervent
1. Inspect the skin daily
increased swelling or redn
2. Administer antibiotics a
patient about finishing the
3. Assess for pain when perfo
location, intensity, and aggra
4. Use at least two identifiers
medications. Administer opio
prescribed.
5. Administer diuretic as p
6. Elevate edematous extre
care.
Patient Information
Patient Information
A 63-year-old, married, woman with a history of chronic venous insufficiency, CAD, hypercholestrolemia, OSA, heart disease, and DMpresented to Sarah Bush due to lower left leg pain.
Objective Data
Objective Data
Vital Signs (0730):
BP- 130/68
P- 75 bpm
RR- 16
Temp- 36.8 C
O2- 94% RA
Pain- 8/10
WBC: 14.9
Left lower extremity swollen, red, and warm