N321 Care Plan #1

Lakeview College of Nursing

Mia Falbo

Demographics (3 points)

Date of Admission 3/22/2021	Patient Initials JB	Age 41	Gender Male
Race/Ethnicity Caucasian	Occupation Factory Worker	Marital Status Single	Allergies Bee/insect sting
Code Status Full Code	Height 176.5 cm	Weight 115.8 kg	

Medical History (5 Points)

Past Medical History: hypothyroid

Past Surgical History: esophagogastroduodenoscopy (12/8/20), cholecystectomy (2014)

Family History: Brother: prediabetes Aunt: diabetes mellitus

Social History (tobacco/alcohol/drugs): Patient currently smokes a pack of cigarettes a day for the last 4 years. Patient denies any alcohol use. Patient currently uses marijuana every day and has been for the past couple years. Patient stated to smoke about 3 joints a day over the past year.

Assistive Devices: None

Living Situation: Patient lives independently in his home.

Education Level: High school diploma, with a year of on-the-job training for industrial machinery

Admission Assessment

Chief Complaint (2 points):Vomit and lower abdominal pain

History of present Illness (10 points): On March 22nd, 2021 Patient went to Sarah Bush Hospital for pain in the midline of the abdomen and vomiting. The patient stated the abdominal pain and vomiting have been happening for about a year. The patient indicated

over the last month; the pain has become more severe. The patient has more pain; he stated under his belly button in the middle of his lower left and lower right quadrants. The patient says the pain is dull, but the pain becomes very sharp, constant, and achy when he consumes food. The patient's pain is bilateral in the lower abdomen and is about an hour or two of continuously sharp pain after he intakes food. The patient stated he ran out of his prescription of Phenergan, and it triggered his vomiting to increase severely. The patient noted that medication benefited him but did not resolve the vomiting.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Cannabis Hyperemesis Syndrome

Secondary Diagnosis (if applicable):.

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

Cannabis Hyperemesis Syndrome is classified as cyclic vomiting associated with the use of cannabis. Cannabinoids may bind to CB-1 receptors in the gastrointestinal tract and lead to a decrease in GI motility and gastric emptying, leading to precipitated hyperemesis (Sorensen, DeSanto, Borgelt, Phillips, & Monte, 2017). Chronic cannabis use leads to dulling of CB1 receptors to have peripheral antiemetic effects, causing rebound vomiting (Sorensen, DeSanto, Borgelt, Phillips, & Monte, 2017). When cannabis use is regular, cannabinoid metabolites may form in the brain and fatty tissues, inducing a toxic effect. THC can act as a partial agonist on CB1 receptors and antagonize the effects of full endogenous agonist on the receptors, which induces sudden withdrawal and hyperemesis in sensitive patients (Sorensen, DeSanto, Borgelt, Phillips, & Monte, 2017). THC causes dilation of splanchnic vasculature, which results in Cannabis Hyperemesis Syndrome

(Sorensen, DeSanto, Borgelt, Phillips, & Monte, 2017). Marijuana has very complex effects on the body.

Due to the complex effects, experts are still trying to figure out how exactly how it causes Cannabis Hyperemesis Syndrome (Cannabinoid Hyperemesis Syndrome). Marijuana has opposite effects in stopping chemotherapy patients from preventing nausea and vomiting. Oppositely, marijuana can affect the digestive tract. Marijuana causes nausea and vomiting. At first use, the signals in your brain may lead to an anti-nausea effect, but with repeated use, specific receptors may stop responding to the drug the same way (Cannabinoid Hyperemesis Syndrome). People with CHS mainly deal with symptoms of nausea and vomiting. Health care providers often divide symptoms into different stages. The first stage is the prodromal phase; the main symptoms are early morning nausea and abdominal pain (Cannabinoid Hyperemesis Syndrome). Most people fear vomiting and keep a regular eating pattern during this time. This phase may last months or years (Cannabinoid Hyperemesis Syndrome). The second stage is the hypermetric phase; symptoms may include ongoing nausea, vomiting episodes, abdominal pain, dehydration, and a decrease in food intake. In this phase, vomiting can be very overwhelming and intense. Many people take hot showers during this time to ease the nausea symptoms. Medical care sought in this phase (Cannabinoid Hyperemesis Syndrome). The final phase is the recovery phase; this is where symptoms go away and standard eating patterns. This phase can last days or months. If the person tries marijuana again, frequently, signs come back (Cannabinoid Hyperemesis Syndrome). Due to prolonged vomiting, your body may lead to dehydration. If electrolyte imbalance remains untreated, it may lead to muscle spasms, seizures, kidney failure, shock, or heart rhythm abnormalities (Cannabinoid

Hyperemesis Syndrome). When diagnosing the patient, the provider needs to know your symptoms and past health. More tests may be necessary to rule out other causes of the vomiting. Some diagnostic tests include electrolytes, blood tests for anemia and infection, abdominal and head CT scan, X-ray of the abdomen, and a pregnancy test. Also, the provider may test for pancreas, liver enzymes, and urine analysis (Cannabinoid Hyperemesis Syndrome). In the patient's urine analysis, the specific gravity level was 1.050, which is low. This data relieved the patient is dehydrated. The patient's calcium level is 8.3, indicating he has hypocalcemia, which can induce abdominal pain. Treatments may vary due to the level of vomiting the patient is experiencing. Some treatment options include IV fluid replacement for dehydration, medications to decrease vomiting, pain medication, or frequent hot showers (Cannabinoid Hyperemesis Syndrome). To get better, stopping marijuana is advised fully. Some people may need to go to a drug rehab facility to help quit or participate in cognitive behavioral therapy (Cannabinoid Hyperemesis Syndrome).

Pathophysiology References (2) (APA):

Sorensen, C., DeSanto, K., Borgelt, L., Phillips, K., & Monte, A. (2017, March). Cannabinoid hyperemesis syndrome: Diagnosis, pathophysiology, and treatment-a systematic review. Retrieved March 28, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330965/

Articles. (n.d.). Retrieved March 28, 2021, from https://www.cedars-sinai.org/health-library/diseases-and-conditions/c/cannabinoid-hyperemesis-syndrome.html

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	4.28-5.56	5.30	4.80	*No abnormal labs*
Hgb	13.0-17.0	15.1	13.8	
Hct	38.1-48.9	45.1	40.6	
Platelets	149-393	262	212	
WBC	4.0-11.7	11.6	7.8	
Neutrophils	45.3-79	71.9	49.6	
Lymphocytes	11.8-45.9	20.9	43.5	
Monocytes	4.4-12.0	4.8	5.3	
Eosinophils	0.0-6.3	1.5	0.8	
Bands	0.2-1.6	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	140	
K+	3.5-5.1	3.8	4.0	
Cl-	98-107	107	107	
CO2	21-31	24	24	
Glucose	74-109	117	74	

BUN	**7-25**	**9**	**9**	
Creatinine	**.84-1.21**	**0.86**	**0.86**	
Albumin	**3.5-5.2**	**4.2**	**N/A**	
Calcium	**8.6-10.3**	**9.1**	**8.3**	**Patients with low calcium levels can cause abdominal pain. The patient can also have low calcium caused by vomiting. The patient is not absorbing enough calcium from the diet (Abboud, Daher, & Boujaoude, 2011).**
Mag	**1.6-2.4**	**N/A**	**N/A**	
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**0.3-1.0**	**0.7**	**N/A**	
Alk Phos	**35-105**	**59**	**N/A**	
AST	**13-39**	**23**	**N/A**	
ALT	**7-52**	**29**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**24-151**	**25**	**N/A**	
Lactic Acid	**0.5-1.0**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**0-1.1**	**N/A**	**N/A**	**No labs completed*** **
PT	**11.0-13.5**	**N/A**	**N/A**	

PTT	**25-35**	**N/A**	**N/A**	
D-Dimer	**0-250**	**N/A**	**N/A**	
BNP	**0-100**	**N/A**	**N/A**	
HDL	**40-100**	**N/A**	**N/A**	
LDL	**0-100**	**N/A**	**N/A**	
Cholesterol	**40**	**N/A**	**N/A**	
Triglycerides	**0-150**	**N/A**	**N/A**	
Hgb A1c	**0-5.7**	**N/A**	**N/A**	
TSH	**0.4-4.0**	**N/A**	**N/A**	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**Pale yellow/ clear**	**Pale yellow/ clear**	**N/A**	
pH	**5-8**	**5.5**	**N/A**	
Specific Gravity	**1.005-1.030**	**1.050**	**N/A**	**The patient has low specific gravity due to dehydration from vomiting everything he intakes (Nall, 2018).**
Glucose	**Negative**	**Negative**	**N/A**	
Protein	**Negative**	**Negative**	**N/A**	
Ketones	**Negative**	**Negative**	**N/A**	
WBC	**0-5**	**3**	**N/A**	
RBC	**0-6**	**1**	**N/A**	
Leukoesterase	**Negative**	**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**	**N/A**	**N/A**	**No culture completed*** **
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Abboud, B., Daher, R., & Boujaoude, J. (2011, September 28). Digestive manifestations of parathyroid disorders. Retrieved March 28, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3203356/

Nall, R. (2018, September 17). Urine specific gravity test: Overview, tests, and procedure. Retrieved March 28, 2021, from https://www.healthline.com/health/urine-specific-gravity

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT abdomen & pelvis with contrast

Diagnostic Test Correlation (5 points): Patient has severe abdominal pain. CT was ordered to assess the organs for injuries, abdominal bleeding, infection, obstructions, disease of the bowel or any other conditions.

Diagnostic Test Reference (1) (APA):

CT of The Abdomen/Pelvis. (n.d.). Retrieved March 26, 2021, from https://www.cedars-sinai.org/programs/imaging-center/exams/ct-scans/abdomen-pelvis/abdomen.html

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

Home Medications (5 required

Brand/Generic	**epinephrine/ Adrenaline**	**levothyroxine/ L-thyroxine sodium**	**phenergan/ Promethazine**	**aspirin/ Acetylsalicylic acid**		**potassium chloride/ bicarbonate**
Dose	**0.3mg**	**0.175 mg**	**25 mg**	**325 mg**		**10 mEq**
Frequency	**PRN**	**1x daily**	**PRN**	**1x (BID)**		**BID**
Route	**intramuscular**	**Oral**	**Oral**	**oral**		**oral**
Classification	**Antianaphylactic**	**Thyroid hormone**	**Phenothiazine**	**NSAID, salicylate**		**Electrolyte Replacement**
Mechanism of Action	**Acts on alpha and beta receptors. This nonselective adrenergic agonist stimulates different receptors.**	**Replaces endogenous thyroid hormone, which may exert its physiological effects by controlling DNA transcription and protein synthesis**	**Competes with histamine for H-1 receptors Sites, thereby antagonizing many histamine effects and reducing allergy signs and symptoms**	**Blocks the activity of cyclooxygenase The enzyme needed for prostaglandin synthesis.**		**Acts as the major cation in intracellular fluid, activating many enzymes reactions essential for physiological processes**
Reason Client	**To provide**	**To treat mild**	**To prevent**	**To relieve**		**To prevent**

Taking	**emergency treatment of allergic reactions**	**hypothyroidism**	**and treat nausea and vomiting**	**fever and pain**		**hypokalemia**
Contraindications (2)	**Coronary insufficiency, brain damage**	**Acute MI, untreated thyrotoxicosis**	**Bone marrow depression, Lower respiratory tract disorder**	**Active bleeding or coagulation disorders**		**Addison's disease, Heat cramps**
Side Effects/Adverse Reactions (2)	**Anxiety, chills**	**Anxiety, insomnia**	**Hypotension, Apnea**	**GI bleeding, confusion**		**Chills, confusion**
Nursing Considerations (2)	**Inspect epinephrine solution before use, use cautiously in elderly patients and those with cardiovascular disease.**	**Use with caution when administering to children to avoid over treatment, be aware this is not used to treat obesity**	**Monitor patient's hematological status, monitory respiratory function**	**Assess pain an hour before medication, Assess other medication interactions**		**Administer oral potassium with or immediately after meals, review patient's medical history before administering**

Hospital Medications (5 required)

Brand/Generic	**protonix/ Pantoprazole**	**amlodipine/ Norvasc**	**enoxaparin/ Lovenox**	**Morphine/ Arymo**	**Ondansetron/ Zofran**
Dose	**40 mg**	**5mg**	**0.4 mL**	**1 mL**	**2 mL**
Frequency	**1x daily**	**1x daily**	**daily**	**every 6 hours, PRN**	**Every 6 hours PRN**
Route	**oral**	**oral**	**Sub-Q injection**	**IV push**	**IV push**
Classification	**Proton pump inhibitor**	**Calcium channel blocker**	**Anticoagulant**	**Opioid**	**antiemetic**
Mechanism of Action	**Interferes with gastric acid secretion by**	**Binds to dihydropyridine and non-**	**Potentiates the action Of antithrombin**	**Binds with and activates**	**Blocks serotonin receptors**

	inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump uses energy from the hydrolysis of ATPase. Inhibits the final step in gastric acid production by blocking the exchange of H+ and extracellular K+.	**dihydropyridine cell member receptor sites on myocardial and vascular smooth muscle cells and inhibits influx of extracellular calcium ions**	**III, a coagulating inhibitor.**	**opioid receptors in brain and spinal cord to produce analgesia and euphoria**	**centrally in the chemorecepto Trigger zone and periph-erally at vag-al nerve terminal in the intestine.**
Reason Client Taking	**Reduce tightness in the chest**	**To control hypertension**	**To prevent DVT**	**To relieve pain**	**To prevent Nausea And vomiting**
Contraindications (2)	**Concurrent therapy with rilpivirine containing products, hypersensitivity to pantoprazole**	**Hypersensitivity To amlodipine Or its components**	**Active major bleeding, history of heparin induced thrombocytopenia**	**Paralytic ileus, alcohol withdrawal**	**Hypertension hypokalemia**
Side Effects/Adverse Reactions (2)	**Anxiety, abdominal pain**	**Anxiety, dry mouth**	**Confusion, dyspnea**	**Chills, shock**	**Constipation, headache**
Nursing Considerations (2)	**Educate patient to not breast feed while taking the drug, watch vital signs**	**Monitor patient impaired hepatic function, Assess frequently for chest pain**	**Use caution with patients with increased hemorrhage, use caution with those with history of heparin induced thrombocytopenia**	**Be aware morphine can lead to abuse, addiction and misuse, use caution for patients at risk for carbon**	**Monitor patient For serotonin Syndrome, Monitory electrolytes**

				dioxide retention	

Medications Reference (1) (APA):

RxList. (2021). WebMD, Medscape, eMedicineHealth, MedicineNet, OnHealth

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and responsive** **Person, Place, situation, time (A&O x4)** **Pain in midline of abdomen** **appropriate**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Usual for ethnicity** **Moist** **Warm** **Elastic** **21**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:**	 **Symmetry of skull and face, trachea is midline** **Tympanic membrane pearly gray** **Pupil size- 2+, no sign of drainage**

Nose: **Teeth:**	**Symmetrical, no polyps, drainage or redness** **Pink, moist mucosa, yellowing and browning on teeth** .
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:**	 **S1 and S2 present, no murmurs, gallops, bruits, or rubs heard** **2+** **Less than or equal to 3** **0**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 **Respirations regular, unlabored** **Anterior and Posterior: clear sounds** **Lung alteration is equal**
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** **NPO** **176.5 cm** **115.8 kg** **Active** **March 23** **Pain with light palpation near lower umbilicus of the abdomen**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	 **Yellow** **Cloudy** **125 mL**

Catheter: Y ☐ N ☒ **Type:** **Size:**	
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☐**	**Active** **No assistive devices** **5- Active motion against full resistance** **20** **Patient able to independently move without any assistance.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Person, Place, Situation, Time** **Orientated to own ability/ Normal cognition** **Clear** **Alert**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Patient copes independently by using cannabis and spending time with his mother. Patient is able to read, write, form full structured sentences and make full informed decisions. Patient does not have a religious preference. Patients mother is his support system.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0830	**96 bpm**	**158/82**	**18**	**36.8**	**96**
1000	**82 bpm**	**150/79**	**18**	**36.8**	**96**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0834	**Numeric**	**Midline abdominal**	**3**	**achy**	**The use of medication to reduce the pain**
1005	**Numeric**	**Midline Abdominal**	**5**	**Sharpe, achy**	**The use of medication to reduce the pain**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 gauge needle
Location of IV:	Right foreman
Date on IV:	3/19/21
Patency of IV:	Saline Lock
Signs of erythema, drainage, etc.:	No signs of redness, drainage or erythema
IV dressing assessment:	clean

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Food: scrambled eggs, two pieces of wheat toast- Pt consumed 100% **Milk: 100 mL**	**Pt voided 125 mL of emesis** **BM: 0x- patient2 did not have a BM since March 23th**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient has been very cooperative and calm throughout his stay at Sarah Bush Lincoln Hospital. The patient came into the hospital for lower abdominal pain and vomiting. The patient has been NPO but moved to a soft diet in the morning. After breakfast, the patient proceeded to throw up uncontrollably and went back

to an NPO diet. The patient slowly makes progress, but he goes right back to having bad abdominal pain and proceeds to vomit when he eats. The patient has made a goal to keep food down without throwing up to be able to go back to work but has been unsuccessful during my time on the floor.

Procedures/testing done: Patient had no procedures or testing done during my time on the floor.

Complaints/Issues: Patient complained of lower abdominal pain. Patient expressed he is frustrated he cannot keep food down without vomiting it all back up.

Vital signs (stable/unstable): The patient's vital signs are unstable the last time I took them. The patient has elevated blood pressure and respiratory rate. I informed the nurse about his blood pressure. The physician must know when the patients' systolic blood pressure promotes to 160 or above per the physician's orders.

Tolerating diet, activity, etc.: Patient is on an NPO diet. The patients provider switched him to a soft diet this morning but went back to NPO due to vomiting all of his breakfast up.

Physician notifications: The physician states patient will be able to leave the hospital when he can hold food down without vomiting. The physician also needs to be notified when the patient's systolic blood pressure is 160 or above.

Future plans for patient: Future plan is to return to work when patient is able to keep food down.

Discharge Planning (2 points)

Discharge location: Home in Mattoon

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up plan is the patient to meet with a GI specialist in 2-4 weeks after discharge from Sarah Bush Lincoln Hospital.

Education needs: The patient needs education on the importance of taking his medication, especially for nausea. The patient needs to keep a food diary to track what he is eating and hold down without vomiting. The patient should not force himself to eat large meals. The patient needs education on the importance of fluid and electrolyte imbalance as well.

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. Risk of imbalanced nutrition related to the patient being NPO as evidence by multiple episodes of vomiting	**Patient is dealing with multiple vomiting episodes. The patient was moved to a soft diet in the morning but after breakfast proceeded to**	**1.Weigh patient daily, compare with 24- hour intake and output** **2.Note the patient's perspective and feeling toward eating and food**	**The patient stated he was very grateful for all the nursing care. The patient expressed he was very nervous to go onto a soft diet. After the patient ate all of his breakfast he stated to have increasing abdominal pain and**

	vomiting everything back up. Due to the multiple vomiting episodes the patient is back to NPO diet.		**began to vomit. The patient stated he was had a feeling that would happen and wish he would be able to just keep food down. I got the patient a warm blanket and advised him to turn onto his side to try and ease the abdominal pressure. Goal was not met due to the patient having multiple vomiting episodes after attempting to get off of NPO diet.**
2. Risk of deficient fluid volume related to vomiting as evidence by unable to tolerate changed diet	**Patient is not able to keep down anything he ingest in his body. The patient not being able to hold any liquid or food down causes dehydration risk.**	**1. Monitor and document vital signs especially blood pressure and heart rate** **2.Assess alteration of mental status**	**The patient was changed to a soft diet after reporting his abdominal pain was rated a 1 out of 10. The patient finished his breakfast 100% but just 15 minutes after consuming the patient stated to feel very nauseated and vomited multiple times. Goal was half met; the patient ate all of his breakfast where he stated before he couldn't even smell food without committing but goal failed after vomiting all of his breakfast up.**
3. Acute pain related to lower abdominal pain as evidence by tenderness upon	**The patient stated his abdominal pain is dull but when he consumes food the pain is elevated intensely to**	**1.Provide measures to relieve pain before it becomes severe** **2Acknowledge and accept the client's pain**	**The patient was in a lot of pain when his abdomen was being palpated. The patient stated he felt more pain in his lower abdominal area right in the midline under the umbilicus.**

palpation of abdomen	**about an 8 out of 10 on a numeric scale. When I was assessing the patient and began to palpate he voiced that hurt when his lower abdomen was touched.**		**The patient is going back to an NPO diet. Goal was not met because he still is experiencing extreme abdominal pain upon consumption of food.**

Other References (APA):

Wayne, G., By, -, Wayne, G., & Gil Wayne (2020, September 06). Acute pain: Nursing interventions and care plan. Retrieved March 28, 2021, from https://nurseslabs.com/acute-pain/

Nursing care plan and diagnosis for nausea and vomiting related to: Nanda Nursing interventions and OUTCOMES GOALS. (2016, September 14). Retrieved March 28, 2021, from https://www.registerednursern.com/nursing-care-plan-and-diagnosis-for-nausea-and-vomiting-related-to-nanda-nursing-interventions-and-outcomes-goals/

Concept Map (20 Points):

Subjective Data

Patient states “I have pain in my lower abdomen and constantly vomiting” Pt’s chief complaint was abdominal pain and vomiting.

Nursing Diagnosis/Outcomes

Risk of imbalanced nutrition related to the patient being NPO as evidence by multiple episodes of vomiting
Risk of deficient fluid volume related to vomiting as evidence by unable to tolerate changed diet
Acute pain related to lower abdominal pain as evidence by tenderness upon palpation of abdomen

Objective Data

Patient’s vitals:
BP: 150/79
RR: 18
O2:96%
HR: 82 BPM
Temp: 36.8 C

Patient Information

Patient is a 41 year old male, single, Caucasian with a history of hypothyroid, Patient is being hospitalized for abdominal pain and constant vomiting.

Nursing Interventions

1.Weigh patient daily, compare with 24- hour intake and output

2.Note the patient’s perspective and feeling toward eating and food
1. Monitor and document vital signs especially blood pressure and heart rate

2 Assess alteration of mental status.

1.Provide measures to relieve pain before it becomes severe

2Acknowledge and accept the client’s pain