

N321 Care Plan #2

Lakeview College of Nursing

Whitney Miller

Demographics (3 points)

Date of Admission 3/22/21	Patient Initials J.W.	Age 52	Gender Male
Race/Ethnicity African American	Occupation Part time job at ICCS Part time job at health department	Marital Status Single	Allergies N/A
Code Status Full	Height 190.5 cm	Weight 135.8 kg	

Medical History (5 Points)

Past Medical History: Diabetes II, gout, arthritis, tachycardia, CHF, neuropathy, hyperlipidemia, chronic kidney disease, idiopathic cardiomyopathy

Past Surgical History: Heart transplant, uvulopalatopharyngoplasty

Family History: Mother: fibromyalgia, lupus

Father: triple bypass heart surgery, hypertension, CHF

Social History (tobacco/alcohol/drugs): Patient states he drinks, “three or four beers, four or five times a year”. Declines use of tobacco or other drugs.

Assistive Devices: Prescription glasses

Living Situation: Private residence

Education Level: Highschool graduate, some college experience

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of present Illness (10 points): Patient states onset of symptoms started, “two weeks,” before he came into the emergency room at Sarah Bush Lincoln Hospital. Patient says his abdominal pain, “went away on its own and then came back Saturday”. The location of the patient's pain is the lower left quadrant of his stomach. The duration of this pain has been two weeks. The Patient characterizes his pain as starting, “dull and then progressing to a sharp pain over time. It is now a dull pain again since I have been resting in the hospital.” An aggressor for the patient’s pain is sitting up, moving around, standing, or eating. The patient finds relief from pain when he is laying down. The patient has been taking acetaminophen to try and treat his pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diverticulitis

Secondary Diagnosis (if applicable): Perforated bowel

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

The exact pathophysiology of diverticulitis is not completely understood. It is suggested that diverticulitis is the result of obstruction or trauma to a diverticulum with ischemia,

microperforation, and infection. Some theories involve diverticulitis as a chronic inflammatory state. This condition is thought to be the result of diet and lifestyle factors, medications, genetics, and gut microbiome. Alteration in the gut microbiome composition, composed of short chain fatty acid and invasive pathogens, contributes to imperfections in the mucosal barrier and immune function which creates mucosal inflammation (Strate & Morris, 2019). This progression to inflammation affects the rest of the body in a negative way. The gut becomes inflamed and distended, pressure from stress is being put on the heart, and infection due to what can progress to be a perforated bowel can attack every system in the body.

Signs and symptoms of this disease include abdominal pain in the lower left quadrant, nausea, vomiting, fever, abdominal tenderness, constipation, and diarrhea. It is likely to have high white blood cell count labs, a drop in hematocrit levels, and high ALT and AST. A CBC count, liver chemistries, serum amylase, serum lipase, urinalysis, and blood culture are common labs that may be ordered for a patient who may have diverticulitis. A urinalysis is used to rule out urinary tract infection and a blood culture is done for patients experiencing fever, diverticulitis, intestinal perforation, and to exclude septicemia (Clarke, 2020). A stool test may also be ordered to rule out infection in a patient who is experiencing diarrhea. A CT scan is the diagnostic test that is ordered to diagnose diverticulitis and perforated bowel. This scan can also indicate the severity of the diverticulitis. My patient got a urinalysis which came back within normal ranges, liver enzymes which came back in normal range, a CBC which showed several abnormalities, and a CT abdomen and pelvis without contrast which helped to diagnose him with diverticulitis and perforation of bowel caused by diverticulitis.

In a patient with uncomplicated diverticulitis, they may be able to be treated for their symptoms at home with prescription antibiotics and a liquid diet to allow their bowels to heal.

However, in a complicated diverticulitis patient, the patient will likely be treated in the hospital with intravenous antibiotics and a tube to drain any formed abdominal abscesses. If a patient has a bowel abscess, fistula, obstruction, perforation, multiple episodes of uncomplicated diverticulitis, or a weak immune system, they may have to go in for surgery. The two most popular surgeries for diverticulitis are a primary bowel resection and a bowel resection with colostomy. A bowel resection removes a segment of the intestines to allow normal bowel movement. A colostomy may be required if the inflammation is so severe that the colon and rectum cannot be rejoined (Williams, 2020). My patient was put on antibiotics and a liquid diet to help allow his bowels to heal and get rid of infection. Because my patient had a perforated bowel, it is very likely he will be getting surgery. The patient requested to be sent to Barnes Jewish Hospital where his cardiologist and cardiothoracic surgeon can watch over him since he has had a heart transplant.

Pathophysiology References (2) (APA):

Clarke, R. (2020, January 6). Small Intestinal Diverticulosis Workup: Laboratory Studies, Imaging Studies, Procedures. <https://emedicine.medscape.com/article/185356-workup>.

Strate, L., & Morris, A. (2019, April 12). *Epidemiology, Pathophysiology, and Treatment of Diverticulitis*. [https://www.gastrojournal.org/article/S0016-5085\(19\)30046-0/pdf](https://www.gastrojournal.org/article/S0016-5085(19)30046-0/pdf).

Williams, D. (2020, May 7). *Diverticulitis*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/diverticulitis/diagnosis-treatment/drc-20371764>.

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	3.8 - 5.41	4.61	3.99	
Hgb	11.3 - 15.2	13.7	12	
Hct	33.2 - 45.3	39.5	34.7	
Platelets	149 - 393	135	107	This patient has low platelets due to their diverticulitis. (WebMD Staff, 2020)
WBC	4.0 - 11.7	10	5.1	
Neutrophils	2.4 - 8.4	8.5	4.1	Neutrophils are high because of the patient's diverticulitis and perforated bowel and is a sign of infection. (WebMD Staff, 2021)
Lymphocytes	0.8 - 3.7	0.6	0.3	Lymphocytes are low because of the patient's perforated bowel and is a sign of infection. (WebMD Staff, 2019)
Monocytes	4.4 - 12.0	8.1	10.1	

Eosinophils	0.0 - 6.3	0.7	2.1	
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	135	138	Patient has low sodium related to his chronic kidney disease. (WebMD Staff, 2020)
K+	3.5 - 5	3.5	3.6	
Cl-	98 - 107	95	104	This patient has low chloride levels related to his congestive heart failure. (WebMD Staff, 2019)
CO2	21 - 31	30	26	
Glucose	74 - 109	155	138	Patient has high glucose levels as a result of his type II diabetes. (WebMD Staff, 2020)
BUN	7 - 25	40	42	Patient has a high BUN as a result of kidney damage from his chronic kidney disease. (WebMD Staff, 2021)
Creatinine	0.7 - 1.3	1.7	1.88	Patient has high creatinine as a result of kidney damage from his chronic kidney disease. (WebMD Staff, 2019)

Albumin	3.5 - 5.2	4.2	N/A	
Calcium	8.6 - 10.3	8.9	7.5	Patient has low calcium as a result of his chronic kidney disease. (WebMD Staff, 2021)
Mag	1.6 - 2.4	N/A	1.3	Patient has low magnesium related to his diabetes type II. (WebMD Staff, 2020)
Phosphate	2.5 - 4.5	N/A	N/A	
Bilirubin	0.3 - 1.0	0.9	N/A	
Alk Phos	34 - 104	32	N/A	Patient may have low alkaline phosphatase as a result of taking allopurinol. (WebMD Staff, 2021)
AST	13 - 39	28	N/A	
ALT	7 - 52	28	N/A	
Amylase	30 - 110	N/A	N/A	
Lipase	24 - 151	42	N/A	
Lactic Acid	0.5 - 1	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	

PT	11 - 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	0 - 200	N/A	N/A	
Triglycerides	0 - 150	N/A	N/A	
Hgb A1c	0 - 5.7	N/A	N/A	
TSH	0.4 - 4	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	Straw/clear	Straw/clear	N/A	
pH	5.0 - 7.0	6.5	N/A	
Specific Gravity	1.003-1.030	1.009	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0 - 5	< 1	N/A	

RBC	0 - 4	< 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	10,000 - 1,000,000	N/A	N/A	
Blood Culture	Negative, no growth	N/A	N/A	
Sputum Culture	Negative, no growth	N/A	N/A	
Stool Culture	Negative, no growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

WebMD Staff. (2021). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

WebMD Staff. (2020). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

WebMD Staff. (2019). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT abdomen and pelvis without contrast - diverticulitis and perforation of bowel caused by diverticulitis

Diagnostic Test Correlation (5 points):

CT abdomen and pelvis without contrast - patient complained of abdominal pain associated with diverticulitis and perforated bowel

Diagnostic Test Reference (1) (APA):

Myers, R. (2019, October 7). *Diverticulitis*. Diagnosis, Evaluation and Treatment.

<https://www.radiologyinfo.org/en/info.cfm?pg=diverticulitis#:~:text=Doctors%20often%20diagnose%20diverticulitis%20using,intestinal%20tract%20easier%20to%20see.>

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

Brand/Generic	Crestor/ rosuvastatin	Toprol XL/ metoprolol succinate ER	Cozaar/ losartan	Glucophage/ metformin	Deltasone/ prednisone
Dose	10 mg	50 mg	25 mg	500 mg	5 mg
Frequency	Daily	Daily	Daily	Daily	Daily
Route	Oral	Oral	Oral	Oral	Oral
Classification	Statin	Beta-blocker	Angiotensin II receptor	Biguanides	Corticosteroids
Mechanism of Action	Converts -3-hydroxy-3- methylglutaryl coenzyme A to mevalonate, which produces cholesterol	Produces negative chronotropic and inotropic effects which decreases cardiac output. Metoprolol is a beta-1 adrenergic	Blocks the binding of angiotensin II to angiotensin I receptor	Acts directly or indirectly on liver to lower glucose production and increases GLP-1 and acts on gut to	Suppressed the migration of polymorphonuclear leukocytes and decreases capillary permeability to

		receptor inhibitor that is specific to cardiac cells.		increase the use of glucose	decrease inflammation
Reason Client Taking	Hyperlipidemia	CHF	Protect the kidneys from damage due to diabetes	Type II diabetes	Arthritis
Contraindications (2)	Kidney disease, heart disease	Heart failure, tachycardia	Low blood pressure, kidney impairment	CHF, renal disease	Diabetes, CHF
Side Effects/Adverse Reactions (2)	Muscle pain, headache	Dizziness, depression	Dizziness, fatigue	Heartburn, stomach pain	Headache, nausea
Nursing Considerations (2)	Report any signs of myopathy, check for fever regularly	Do not crush, cut, or chew medications. Do not discontinue abruptly	Monitor blood pressure, monitor renal function	Monitor urine and serum glucose levels frequently, use IV glucose if severe hypoglycemia occurs	Taper dose when discontinuing, increase dosage when patient is under stress

Hospital Medications (5 required)

Brand/Generic	Levaquin/ levofloxacin	Bactrim/ sulfamethoxazole trimethoprim	Flagyl/ metronidazole	Zyloprim/ allopurinol	Toradol/ Ketorolac tromethamine
Dose	750 mg	400 mg	500 mg	300 mg	30 mg
Frequency	Q24h	Mon/Wed/Fri	Q8H	Daily	Daily
Route	IV piggyback	Oral	IV piggyback	Oral	IV bolus
Classification	Quinolone antibiotic	Sulfonamide and folic acid inhibitor antibiotic	Nitroimidazole antibiotic	Xanthine oxidase inhibitor	Nonsteroidal anti-inflammatory drug
Mechanism of Action	Stops bacterial topoisomerase IV and DNA gyrase which inhibits bacteria from	Inhibits dihydrofolate reductase which stops the production of	Inhibits protein synthesis by diffusing into organisms and causing DNA	Inhibits xanthine oxidase which prevents the conversion of	Inhibits COX-1 and COX-2 enzymes to prevent conversion of arachidonic acid to prostaglandins.

	replicating and repairing.	tetrahydrofolate and prevents the synthesis of purines.	strands to break and lose helical DNA structure.	hypoxanthine to xanthine to uric acid.	
Reason Client Taking	Abdominal infection	Abdominal infection	Abdominal infection	Gout	Arthritis
Contraindications (2)	Diabetes, kidney disease	Kidney disease, heart disease	Neuropathy, kidney disease	Chronic heart failure, kidney disease	Gastrointestinal perforation, Kidney disease
Side Effects/Adverse Reactions (2)	Nausea, headache	Loss of appetite, dizziness	Headache, vomiting	Skin rash, diarrhea	Headache, diarrhea
Nursing Considerations (2)	Monitor for diarrhea, monitor for pus or mucus in stool	Take this medication on an empty stomach, evaluate therapeutic response	Patient should not drink alcohol, patient may have darker urine than usual	Encourage the patient to drink 3 liters of water a day, check urine alkalinity	Watch for signs and symptoms of a gastrointestinal bleed, assess dizziness and drowsiness

Medications Reference (1) (APA):

WebMD Staff. (2021). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

WebMD Staff. (2020). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

WebMD Staff. (2019). *Better information. Better health.* WebMD. <https://www.webmd.com/>.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point):</p> <p>Alertness:</p> <p>Orientation:</p> <p>Distress:</p> <p>Overall appearance:</p>	<p>Alertness: Alert and responsive</p> <p>Orientation: Oriented to person, place, situation, and time</p> <p>Distress: No distress</p> <p>Appearance: Appropriate</p>
<p>INTEGUMENTARY (2 points):</p> <p>Skin color:</p> <p>Character:</p> <p>Temperature:</p> <p>Turgor:</p> <p>Rashes:</p> <p>Bruises:</p> <p>Wounds: .</p> <p>Braden Score:</p> <p>Drains present: Y <input type="checkbox"/> N X</p> <p>Type:</p>	<p>Skin color: usual for ethnicity</p> <p>Character: Dry</p> <p>Temperature: Warm</p> <p>Turgor: Elastic</p> <p>Rashes: N/A</p> <p>Bruises: N/A</p> <p>Wounds: N/A</p> <p>Braden Score: 19</p>

<p>HEENT (1 point):</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	<p>Head: Symmetrical skull and face, bilaterally round head with no contusions or abnormalities</p> <p>Neck: No tracheal deviation, thyroid rises and falls with swallowing, lymph nodes non palpable</p> <p>Ears: tympanic membrane pearly grey, ears are bilateral on the head, no auditory impairment</p> <p>Eyes: 20/60 vision in right and left eye, eye glasses, sclera white, no redness, no discharge</p> <p>Nose: No deviated septum, no polyps, nasal airway patent, no drainage</p> <p>Teeth: Mucous membranes moist, pink, firm. Teeth are white and none are missing. Rise and fall of the soft palate was observed and tonsils and uvula pink and moist.</p>
<p>CARDIOVASCULAR (2 points):</p> <p>Heart sounds: S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention:</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> X</p>	<p>Heart rhythm: SR</p> <p>Heart sounds: S1 and S2 heard</p> <p>Pulses: 3+</p> <p>Capillary refill time: less than two seconds</p> <p>Edema: 0</p>

<p>Edema Y <input type="checkbox"/> N X</p> <p>Location of Edema:</p>	
<p>RESPIRATORY (2 points):</p> <p>Accessory muscle use:</p> <p>Y <input type="checkbox"/> N X</p> <p>Breath Sounds: Location, character</p>	<p>Respirations: regular, unlabored</p> <p>Respiratory pattern: regular</p> <p>Breath sounds: clear breath sounds were heard in anterior and posterior lobes</p> <p>Lung aeration: equal</p>
<p>GASTROINTESTINAL (2 points):</p> <p>Diet at home:</p> <p>Current Diet</p> <p>Height:</p> <p>Weight:</p> <p>Auscultation Bowel sounds:</p> <p>Last BM:</p> <p>Palpation: Pain, Mass etc.:</p> <p>Inspection:</p> <p>Distention:</p> <p>Incisions:</p> <p>Scars:</p> <p>Drains:</p>	<p>Diet at home: Heart healthy diet</p> <p>Current diet: Clear liquid</p> <p>Height: 190.5 cm</p> <p>Weight: 135.8 kg</p> <p>Auscultation bowel sounds: Hypoactive in all four quadrants</p> <p>Last BM: 3/23</p> <p>Palpation: No pain with palpation, no masses detected</p> <p>Inspection: No distention, no incisions, no scars, no drains, no wounds present</p>

<p>Wounds:</p> <p>Ostomy: Y <input type="checkbox"/> N X</p> <p>Nasogastric: Y <input type="checkbox"/> N X</p> <p>Size:</p> <p>Feeding tubes/PEG tube</p> <p>Y <input type="checkbox"/> N X</p> <p>Type:</p>	
<p>GENITOURINARY (2 Points):</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination:</p> <p>Y <input type="checkbox"/> N X</p> <p>Dialysis: Y <input type="checkbox"/> N X</p> <p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N X</p> <p>Type:</p> <p>Size:</p>	<p>Color: Yellow</p> <p>Character: Clear</p> <p>Quantity of urine: 600 mL</p> <p>Inspection of genitals: No redness noted on end of penis, no swelling in scrotum</p>

<p>MUSCULOSKELETAL (2 points):</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N X</p> <p>Fall Risk: Y <input type="checkbox"/> N X</p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) X</p> <p>Needs assistance with equipment</p> <p>Needs support to stand and walk</p>	<p>Neurovascular status: Nail beds smooth without pits or grooves, extremities warm and red, extremities motor function is fluid</p> <p>ROM: Active</p> <p>Strength: 5 - active motion against full resistance</p> <p>Fall score: 35</p> <p>Activity/Mobility Status: Up independently by himself with no stand by assist or assistive device. Patient is independent, up ad lib.</p>
<p>NEUROLOGICAL (2 points):</p> <p>MAEW: Y X N <input type="checkbox"/></p> <p>PERLA: Y X N <input type="checkbox"/></p> <p>Strength Equal: Y X N <input type="checkbox"/></p> <p>if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p> <p>Orientation:</p>	<p>Orientation: Oriented to person, place, situation, and time</p> <p>Cognition/mental: Appropriate for age</p> <p>Speech: Clear</p> <p>LOC: Alert - awake and answers questions appropriately</p>

Mental Status: Speech: Sensory: LOC:	
PSYCHOSOCIAL/CULTURA L (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):	<p>Coping methods: Pet therapy, talking to a loved one</p> <p>Developmental level: Patient is able to read and write, patient is able to form a full structured sentence, patient is capable of making a fully informed decision</p> <p>Religion and what it means to pt: Baptist</p> <p>Personal/Family Data: Patient lives at home alone with his dog. Patient says his family is very supportive of him.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0355	93 bpm	111 mm Hg/ 69 mm Hg	20 br/min	36.5 °C	97%
0747	94 bpm	104 mm Hg/ 71 mm Hg	18 br/min	36.4 °C	97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
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1000	Numeric pain scale	LLQ	2/10	Dull ache	Patient was offered medication and refused
1100	Numeric pain scale	LLQ	6/10	Sharp, stabbing	Patient was given pain medication

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	Size of IV: 22
Location of IV:	Location of IV: Left peripheral hand
Date on IV:	Date on IV: 3/22
Patency of IV:	Patency of IV: IV patent
Signs of erythema, drainage, etc.:	Signs of erythema, drainage, etc: no infiltration present
IV dressing assessment:	IV dressing assessment: Saline lock. Dressing clean, dry, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Metronidazole 100 mL	Urine void 600 mL

Nursing Care

Summary of Care (2 points)

Overview of care: I took vitals and did a full head to toe assessment on my patient.

Procedures/testing done: Patient had no procedures or testing done

Complaints/Issues: Patient complains that his room was too hot several times

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

Tolerating diet, activity, etc.: Patient is tolerating liquid diet. Patient gets out of bed to stand and walk around his room every hour.

Physician notifications: Not applicable

Future plans for patient: Continue medical therapy with antibiotics. Keep patient on a clear liquid diet. I anticipate the patient will be transferred to Barnes Jewish where his heart surgeon is and where he will likely undergo a bowel resection.

Discharge Planning (2 points)

Discharge location: Region six Barnes Jewish Hospital cardiac

Home health needs (if applicable): Not applicable

Equipment needs (if applicable): Not applicable

Follow up plan: Patient needs to consult with his gastroenterologist, cardiologist, and primary care provider

Education needs: Educate the patient on diverticulitis diet as well as his treatment options.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p style="text-align: center;">Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p style="text-align: center;">Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p style="text-align: center;">Intervention (2 per dx)</p>	<p style="text-align: center;">Evaluation</p> <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
<ul style="list-style-type: none"> • Acute pain related to diverticulitis and perforated bowel as evidenced by the patient complaining their pain was a six out of ten. 	<p>Patient complains of having a, “sharp, stabbing pain,” in the left lower quadrant that he rated a six out of ten on the numeric pain scale.</p>	<p>1. Administer prescribed pain medications.</p> <p>2. Assess the patient’s vital signs and ask them to rate their pain thirty minutes after medication administration.</p>	<p>The patient was thankful to be getting pain medication. Client took the medicine. Goal met.</p> <p>The patient was cooperative with getting vital signs assessed and rated his pain a 4/10 on the numeric pain scale thirty minutes after the pain medication was administered. No unstable vital signs were noted. Goal met.</p>
<ul style="list-style-type: none"> • Imbalanced nutrition related to patient experiencing stomach 	<p>Patient complains of not being able to</p>	<p>1. Suggest that the patient</p>	<p>The patient responded well to the idea of counting calories and weighing</p>

<p>pain after eating, as evidenced by the patient stating, “I can’t eat anymore, it hurts my stomach too bad.”</p>	<p>eat for two days before coming into the emergency room. Patient states that he is, “unable to eat because it makes me sick with pain.”</p>	<p>weigh himself once daily and record his caloric intake.</p> <p>2. Recommend that the patient get a referral to a dietitian.</p>	<p>himself daily. Pt said he would try to implement these behaviours into his everyday life. Goal met.</p> <p>The patient is not sure about seeing a dietitian. He is worried that it will be too expensive for him and he states that he has a, “good idea,” of what kind of diet he is supposed to be on already. Goal not met.</p>
<ul style="list-style-type: none"> ● Risk for infection related to surgery as evidenced by the patient getting prepped for a bowel resection and possible colostomy placement after being diagnosed with a perforated bowel 	<p>The patient is likely going to be getting surgery for his perforated bowel and needs to be taught the proper care to avoid infection post surgery.</p>	<p>1. Teach the patient proper hand hygiene</p> <p>2. Assess vital signs and observe for any signs of infection</p>	<p>The patient appreciated the education on hand hygiene. Client responded well to teaching and learned quickly. Goal met.</p> <p>The patient was fine with me getting vitals and observing for signs of infection. No abnormal vital signs or signs of infection were present. Goal met.</p>

Other References (APA):

Concept Map (20 Points):

