# N441 Care Plan

Lakeview College of Nursing

Twila Douglas

## Demographics (3 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 03/10/21 | M.R. | 48 | Male |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Unemployed | Single | Tetanus, and clonazepam |
| **Code Status** | **Height** | **Weight** | |
| Full | 6'1" | 212 lbs | |

## Medical History (5 Points)

**Past Medical History: Past medical history includes anxiety, hypertension, kidney disease, kidney stones, movement disorder, Parkinson disease and ureteral calculi.**

**Past Surgical History: Past surgical history includes toe amputation, and ureter stent placement.**

**Family History: Family history includes heart disease on paternal side. Maternal grandmother had a stroke.**

**Social History (tobacco/alcohol/drugs): Patient denies and tobacco, alcohol, or drug use.**

**Assistive Devices: No assistive devices needed**

**Living Situation: Currently living with mother. Patient helps mother with ADLs.**

**Education Level: Highest level of education is high school.**

## Admission Assessment

**Chief Complaint (2 points): Acute renal failure**

**History of present Illness (10 points):**

**48 year old male presented to hospital with dyspnea that has worsened over the last few days. Patient is unable to complete task without becoming short of breath. Patient also is experiencing bilateral lower extremity edema for three to four days prior to admission. Dyspnea is resolved with decrease in activity. Patient reported elevating feet to help reduce swelling and discomfort.**

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points): Acute renal failure**

**Secondary Diagnosis (if applicable):**. Hyperkalemia

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

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

Acute kidney failure occurs when the kidneys are unable to filter waste from your blood. Acute kidney failure can cause dangerous levels of waste to accumulate in the body. Acute kidney failure symptoms include fatigue, confusion, nausea, chest pain or pressure, seizures or coma in severe cases, fluid retention, decreased urine output, and weakness. There may be no signs or symptoms in some cases and may only be detected from laboratory work or diagnostic testing.

Acute kidney failure can be caused by direct damage to your kidneys, a condition that slows the blood flow to the kidneys, and ureters becoming blocked and prevent waste from leaving your body through urine. Impaired blood flow to the kidneys can be caused by blood or fluid loss, heart attack, liver failure, infection, severe dehydration, use of aspirin, and blood pressure medications. Blood clots can damage kidneys in the veins and arteries in and around the kidneys, medication, infection, and toxins. There can be a urine

blockage in the kidneys that can be related to bladder cancer, enlarged prostate, never damage, and blood clots in the urinary tract. Risk factors that can increase acute kidney failure risk include advanced age, heart failure, liver disease, diabetes, hospitalization, and certain cancers and treatments.

A diagnostic test performed for the client with acute kidney failure include a blood test, ultrasound, biopsies, urine test. Clients with kidney failure can have an elevated BUN, creatinine, urine-specific gravity, and urine osmolarity. The client's BUN, creatinine, urine, and blood work were drawn for diagnostic purposes. The patient had an X-ray of KUB to determine the function of the kidneys. The patient also had a venous duplex performed. Treatment includes treating the underlying cause of kidney injury. The treatment can balance the amount of fluids in the blood, medication to restore blood potassium, dialysis to remove toxins from your blood, and medications to control blood potassium. The client had elevated potassium at 6.6, and the patient's BUN and creatinine were elevated.

*Acute kidney failure - Symptoms and causes*. Mayo Clinic. (2021). Retrieved 29 March 2021, from https://www.mayoclinic.org/diseases-conditions/kidney-failure/symptoms-causes/syc-20369048.

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, Pa: Wolters Kluwer Health Lippincott Williams & Wilkins

## 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** | **4.40-5.80** | **2.86** | **3.17** | **Kidneys are not able to make enough EPO** |
| **Hgb** | **13.0-16.5** | **9.2** | **9.9** | **Kidneys are not able to make enough EPO** |
| **Hct** | **38-50%** | **27.5%** | **29.9** | **Kidneys are not able to make enough EPO** |
| **Platelets** | **140-440** | **245** | **160** | |
| **WBC** | **4-12** | **9.30** | **5.80** | |
| **Neutrophils** | **1.40- 5.30** | **86.2** | **66.6** | **Indication of inflammation** |
| **Lymphocytes** | **0.90-3.30** | **9.2** | **19.2** | |
| **Monocytes** | **0.10-0.90%** | **4.3** | **8.9** | |
| **Eosinophils** | **0.00-0.50%** | **0.1** | **5.1** | |
| **Bands** | **45-74%** | **N/A** | **N/A** | |

| Lab | Normal Range | Admission Value | Today's Value | Reason For Abnormal |
|---|---|---|---|---|
| Na- | 133-144 | 136 | 137 | |
| K+ | 3.5-5.1mmol/L | 6.6 | 4.0 | Kidneys are not able to filter properly |
| Cl- | 98-107mmol/L | 111 | 99 | Kidneys are not able to filter properly |
| CO2 | 98-107mEq/L | 12 | 28 | |
| Glucose | 70-99mg/dL | 109 | 102 | Kidneys are not able to outer properly causing urea to build up in the blood |
| BUN | 7-25 | 97 | 71 | Low blood flow to the kidneys |
| Creatinine | 0.50-1.20 | 6.08 | 5.24 | Kidney unable to filter out creatinine |
| Albumin | 3.5-5.7 | 3.6 | 2.8 | Reduced synthesis of albumin |
| Calcium | 8.5 to 10.5 mg/dl | 0.95 | 7.7 | |
| Mag | 1.5-2.5 mEq/L. | 1.7 | 2.2 | |
| Phosphate | 2.5-4.5 mg/dL. | N/A | 4.1 | |
| Bilirubin | 0.2 – 1.2 mg/dL. | 0.3 | 0.4 | |
| Alk Phos | 20-140 IU/L | 221 | 138 | Kidneys unable to filter |
| AST | 5-30 U/L | 32 | 27 | |
| ALT | 15-35 U/L | 7 | 5 | |
| Amylase | 23-85 U/L | N/A | N/A | |
| Lipase | 12-70 U/L | 143.43 | N/A | |

| | | | | |
|---|---|---|---|---|
| **Lactic Acid** | **0.4-2.0** | **N/A** | **N/A** | |
| **Troponin** | **<0.04 ng/mL** | **1.07** | **N/A** | **MI** |
| **CK-MB** | **1.0-2.6** | **N/A** | **N/A** | |
| **Total CK** | **22-198 U/L** | **405** | **N/A** | **Kidneys are unable to filter properly** |

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

**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** | | **N/A** | **N/A** | |
| **PT** | | **N/A** | **N/A** | |
| **PTT** | | **N/A** | **N/A** | |
| **D-Dimer** | | **N/A** | **N/A** | |
| **BNP** | | **N/A** | **N/A** | |
| **HDL** | | **N/A** | **N/A** | |
| **LDL** | | **N/A** | **N/A** | |
| **Cholesterol** | | **N/A** | **N/A** | |
| **Triglycerides** | | **47** | **172** | |
| **Hgb A1c** | | **N/A** | **N/A** | |
| **TSH** | | **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 | Colorless yellow, clear | Yellow and cloudy | Yellow and hazy | |
| pH | 5-9 | 5.0 | 5.0 | |
| Specific Gravity | 1.003 | 1.030 | 1.016 | |
| Glucose | Negative | 1 | Negative | |
| Protein | Negative | 3 | 3 | |
| Ketones | Negative | trace | Trace | |
| WBC | Negative | Negative | Negative | |
| RBC | Negative | 3-5 | 3-5 | Kidneys are unable to function properly |
| Leukoesterase | Negative | N/A | N/A | |

**Arterial Blood Gas 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 |
|---|---|---|---|---|
| **pH** | | **N/A** | **N/A** | |
| **PaO2** | | **N/A** | **N/A** | |
| **PaCO2** | | **N/A** | **N/A** | |
| **HCO3** | | **N/A** | **N/A** | |
| **SaO2** | | **N/A** | **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** | | **N/A** | **No growth** | |
| **Blood Culture** | | **N/A** | **N/A** | |
| **Sputum Culture** | | **N/A** | **N/A** | |
| **Stool Culture** | | **N/A** | **N/A** | |

**Lab Correlations Reference (1) (APA):** Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, Pa: Wolters Kluwer Health Lippincott Williams & Wilkins

## Diagnostic Imaging

**All Other Diagnostic Tests (5 points): Diagnostic test performed included ultra sound of bilateral lower extremities duplex and X-ray of abdomen an d KUB.**

**Diagnostic Test Correlation (5 points): Lower extremity duplex test the blood flow and the X-ray will show imaged of abdomen, kidney, ureter, and bladder.**

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

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, Pa: Wolters Kluwer Health Lippincott Williams & Wilkins

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

***10 different medications must be completed***

| **Brand/Generic** | Prilosec/ Omeprazole | Benadryl/ Diphenhydramine | Hydroxyzine/ Atarax | Melatonin / 5-Methoxy-N-Acetyltryptamine, | **Lexapro/ Escitalopram** |
|---|---|---|---|---|---|
| **Dose** | 20 mg | 325 mg | 25 mg | 3 mg | 20 mg |
| **Frequency** | Before meals | PRN | PRN X3 | Bedtime | Daily |
| **Route** | Oral | Oral | Oral | Oral | Oral |

| | | | | | |
|---|---|---|---|---|---|
| **Classification** | Proton pump inhibitor | Antihistamine | Antihistamine | Pineal hormone agent | Antidepressant |
| **Mechanism of Action** | Prilosec suppresses acid secretions made in the stomach. | Benadryl reverses elects of histamine on capillaries, which reduces allergic reaction symptoms. | A selective and potent histamine receptor invert agonist | A hormone that works by attaching itself to receptors or nerve endings in the suprachiasmatic nucleus in the hypothalamus. | Lexapro inhibits the reuptake of the neurotransmitter serotonin and enhances the actions of serotonin. |
| **Reason Client Taking** | Acid reflux | Allergies | Allergies and itching | Insomnia | Depression |
| **Contraindications (2)** | 1. Patients with liver problems<br>2. Patients with diarrhea from C.diff bacteria. | 1. Patients with high blood pressure<br>2. Patient with closed angle glaucoma | 1. Early pregnancy<br>2. Patients with prolonged QT interval | 1. Patients iwth hypersensitivity to melatonin<br>2. patient with certain diseases | 1. Patients at risk for QT prolongation<br>2. Patients at risk for serotonin syndrome |
| **Side Effects/Adverse Reactions (2)** | 1. Headache<br>2. Nausea | 1. Blurred vision<br>2. Drowsiness | 1. Drowsiness<br>2. Constipation | 1. Drowsiness<br>2. Nausea | 1. Headache<br>2. Nausea |

| | | | | | |
|---|---|---|---|---|---|
| **Nursing Considerations (2)** | 1. Monitor for onset of black, tarry stools<br>2. Monitor for abdominal pain | 1. Administer with food if GI upset occurs<br>2. Monitor patient response to medication | 1. Monitor for side effect s<br>2. Administer with food if GI upset occurs | 1. Instruct patient to take at bedtime<br>2. Caution patient to avoid driving after taking medication. | 1. Monitior for suicudal thoughts<br>2. Contraindicated with MAOI. |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | 1. Monitor for side effects<br>2. Monitor urinalysis for hematuria | 1. Check allergies<br>2. Check vital signs | 1. Check allergies to hydroxyzine or cetirizine<br>2. Assess skin color | CBC, blood glucose, coagulation panel | 1. Assess for suicidal tendencies<br>2. Assess for serotonin syndrome |
| **Client Teaching needs (2)** | 1. Prilosec is usual taken at least 1 hour prior to meal.<br>2. Common side effects teaching | 1. Side effect eduction<br>2. Do not operate machinery or drive while taking this medication after discharge. | 1. Educate on side effects<br>2. Assess skin color | 1. Teach patient when to take medication<br>2. Teach medication side effects | 1. Teach patient about side effects.<br>2. It may take up to 4 weeks for symptoms to improve |

Home Medications (5 required)

| **Brand/Generic** | **Colace/ Docusate sodium** | **Aspirin**<br><br>**Salicylate** | **Miralax**<br><br>**Polyethylene glycol** | **Norco/ hydrocodone/acetaminophen** | **Levodopa/ Carbidopa** |
|---|---|---|---|---|---|
| **Dose** | 200 mg | 81 mg | **17 g** | 10-325 mg X2 | 25-250 mg |
| **Frequency** | BID | Once daily | BID | PRN Q6 | QID |
| **Route** | Oral | Oral | oral | Oral | Oral |
| **Classification** | Anionic surfactant | Blood thinner and non steroidal anti-inflammatory drug | Laxative | Narcotic | Amino acid |
| **Mechanism of Action** | Lowers surface tension allowing lipids and water to penetrate the stool | Inhibits the activity of the enzyme cyclooxyrgenase which lead to formation of prostaglandins that cause pain, fever, swelling and inflammation. | The osmotic agent brings water into the bowels which help keep the digestive system regular. Once the stools retain water it makes it easier for the stool to pass. | Norco relates to opiate receptors in the central nervous system. | Converts to dopamine and can cross the blood brain barrier |
| **Reason Client Taking** | Helps promote a bowel movement | Prevent MI and prevent blood from clotting. | To treat constipation | Pain | Parkinson |

| | | | | | |
|---|---|---|---|---|---|
| **Contraindications (2)** | 1. Allergies to docusate<br>2. Patient with blockage of the stomach or intestines. | 1. Drinking alcohol<br>2. People with increase risk for bleeding | 1. People who have toxic megacolon<br>2. People who have colon inflammation caused by toxic substance. | 1. Patient with significant respiratory depression.<br>2. Patient with known or suspected gastrointestinal obstruction | 1, diabetes<br>2. sychotic disorder |
| **Side Effects/Adverse Reactions (2)** | 1. Diarrhea<br>2. Abdominal cramping | 1. Confusion<br>2. Nausea | 1. Nausea<br>2. Vomting | 1. Drowsiness<br>2. Nausea | 1. Nausea<br>2. Loss of appetite |
| **Nursing Considerations (2)** | 1. Monitor stool<br>2. Monitor for any skin break down | 1. Monitor for bleeding<br>2. Instruct patient to drink plenty of fluids. | 1. Dissolve powder in 8 oz of water prior to administration<br>2. Notify patient it may take 2-3 days to produce a bowel movement. | 1. Monitor vital signs<br>2. Monitor for reactions | 1. Assess therapeutic response<br>2. Monitor vital signs |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | 1. Check CBC<br>2. Monitor bowel movement prior to | INR<br>BUN | hydration<br>Fluid imbalance<br>Electrolytes | 1. Assess vitals prior to medication administra | 1. Dopamine<br>2. Blood count |

| | | | | | |
|---|---|---|---|---|---|
| | administration | | | tion<br>2. Assess pain and goals of pain management therapy | |
| **Client Teaching needs (2)** | 1. Signs of diarrhea<br>2. Signs of skin irritation | 1. Teach patient signs and symptoms of bleeding.<br>2. When taking high dose of aspirin do not drink. | 1. Teach client to wipe correctly<br>2. Teach client to stay hydrated | 1. Do not exceed prescribed dosage<br>2. Do not attempt to do strenuous activities while taking medication | 1. Toxicity sign and symptoms<br>2. Side effects |

Hospital Medications (5 required)

Medications Reference (1) (APA):

Drugs.com | Prescription Drug Information, Interactions & Side Effects. (2020). Retrieved 27 March 2021, from https://www.drugs.com

## Assessment

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness: Oriented, open eyes spontaneous**<br>**Orientation: Oriented X4**<br>**Distress: Patient did not appear to be in any distress**<br>**Overall appearance: Patient had an overall well kept appearance** | |
| **INTEGUMENTARY (2 points):**<br>**Skin color: no discoloration and no bruises**<br>**Character: Warm and skin intact**<br>**Temperature:warm on all extremities**<br>**Turgor: <3 seconds**<br>**Rashes: no rashes**<br>**Bruises: no bruised**<br>**Wounds: no wounds**<br>**Braden Score: 20**<br>**Drains present: Y☐ N ☐ NO**<br>**Type:N/A** | |
| **HEENT (1 point):**<br>**Head/Neck: Atraumatic, normocephalic, no JVD**<br>**Ears: No hearing device, no drainage, and ears appear to be equal**<br>**Eyes: PERRLA**<br>**Nose: no drainage or septa deviation** | . |

| | |
|---|---|
| **Teeth: Good dentition** | |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds: S1,S2, no murmur**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):N/A**<br>**Peripheral Pulses: present 2+**<br>**Capillary refill: <3 seconds**<br>**Neck Vein Distention: Y ☐ N ☐NO**<br>**Edema Y ☐YES N ☐**<br>**Location of Edema: bilateral lower extremities** | . |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☐NO**<br>**Breath Sounds: Location, character**<br>**Anterior, equal, diminished**<br>**ET Tube:NO**<br>**Size of tube:N/A**<br>**Placement (cm to lip):**<br>**Respiration rate:**<br>**FiO2:**<br>**Total volume (TV):**<br>**PEEP:**<br>**VAP prevention measures:** | . |

| | |
|---|---|
| **GASTROINTESTINAL (2 points):**<br>**Diet at home: Diabetic**<br>**Current Diet cardiac diabetic**<br>**Height: 6'1"**<br>**Weight:212 lbs**<br>**Auscultation Bowel sounds: normative in all 4 quadrants**<br>**Last BM: 03/21/2021**<br>**Palpation: Pain, Mass etc.:soft non-tender**<br>**Inspection: no masses**<br>**Distention:none**<br>**Incisions:none**<br>**Scars:none**<br>**Drains: none**<br>**Wounds:none**<br>**Ostomy: Y ☐ N ☐ no**<br>**Nasogastric: Y ☐ N ☐no**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☐no**<br>**Type:** | . |
| **GENITOURINARY (2 Points):**<br>**Color:yellow**<br>**Character:no sediments, no foul odor**<br>**Quantity of urine: 450mL**<br>**Pain with urination: Y ☐ N ☐no**<br>**Dialysis: Y ☐ N ☐no**<br>**Inspection of genitals: n/a**<br>**Catheter: Y ☐ N ☐ no** | |

| | |
|---|---|
| **Type:**<br>**Size:**<br>**CAUTI prevention measures:n/a** | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status: warm, pulses present and equal, no numbness or tingling**<br>**ROM: active ROM with all extremities**<br>**Supportive devices:none**<br>**Strength: strong and equal all extremities**<br>**ADL Assistance: Y☐ N ☐no**<br>**Fall Risk: Y ☐ N☐no**<br>**Fall Score: 9**<br>**Activity/Mobility Status: independent**<br>**Independent (up ad lib) yes**<br>**Needs assistance with equipment no**<br>**Needs support to stand and walk no** | . |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☐yesN☐**<br>**PERLA: Y ☐yes N☐**<br>**Strength Equal: Y ☐ yes N ☐ if no - Legs ☐ Arms ☐ Both ☐both**<br>**Orientation: oriented to person, place, time, and situation**<br>**Mental Status:stable and alert**<br>**Speech:clear, spontaneous, and logical**<br>**Sensory: intact, no defects**<br>**LOC: alert and oriented x4** | . |
| **PSYCHOSOCIAL/CULTURAL (2** | . |

| | |
|---|---|
| **points):**<br>**Coping method(s): Spirituality, family, acceptance, smartphone, and television**<br>**Developmental level: Patient shows an understanding of diagnosis and care.**<br>**Religion & what it means to pt.: Patient is catholic and religious is important.**<br>**Personal/Family Data (Think about home environment, family structure, and available family support): Patient lives with mother. Patient helps care for mother.** | |

**Physical Exam (18 points)**

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **710** | **82** | **132/76** | **18** | **97.8f oral** | **99% room air** |
| 1050 | **86** | **122/64** | **18** | **96.8f oral** | **99% room air** |

**Vital Sign Trends/Correlation:**

**Vital signs were stabled and stayed within expected range.**

## Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **710** | **Number** | **N/A** | **0** | **N/A** | **N/A** |
| **1050** | **Number** | **N/A** | **0** | **N/A** | **N/A** |

## IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV: 20 gauge**<br>**Location of IV: L wrist**<br>**Date on IV: 03/21**<br>**Patency of IV: Flushed without difficulty**<br>**Signs of erythema, drainage, etc.:none**<br>**IV dressing assessment: clean, dry, intact** | Saline lock |
| **Other Lines (PICC, Port, central line, etc.)** | |
| **Type: N/A**<br>**Size:**<br>**Location:**<br>**Date of insertion:**<br>**Patency:**<br>**Signs of erythema, drainage, etc.:**<br>**Dressing assessment:**<br>**Date on dressing:**<br>**CUROS caps in place: Y ☐ N ☐**<br>**CLABSI prevention measures:** | |

## Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|---|---|
| 3600 | 1700 |

## Nursing Care

**Summary of Care (2 points)**

**Overview of care:**

**Procedures/testing done: Patient had an X-ray and venous duplex.**

**Complaints/Issues: Patient had no complaint or issues during hospitalization.**

**Vital signs (stable/unstable): Patient vital signs remained stable**

**Tolerating diet, activity, etc.: Patient is tolerating a regular diet, and independent for activity.**

**Physician notifications: None**

**Future plans for patient: Patient will discharge with home health.**

**Discharge Planning (2 points)**

**Discharge location:** Patient will be discharged to home

**Home health needs (if applicable): Patient will need home health arrangements.**

**Equipment needs (if applicable): none**

**Follow up plan: Patient will need to follow up with primary physician after discharge.**

**Education needs: Patient needs to be educated on diabetes and insulin administration. Patient was able to watch educational videos regarding health issues.**

**Nursing Diagnosis (15 points)**

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

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Risk for electrolyte imbalance R/T elevated potassium level** | **Patient potassium 6.6 on admission** | **1. Monitor urine outout**<br><br>**2. Monitor heart rate and rhythm. Be aware that cardiac arrest can occur** | **Patient labs were drawn and monitored for potassium. Patient responded will to nurses actions.** |
| **2. Disturbed thought process R/T depression, psychological causes and chronic illness AEB distractibility inaccurate interpretation of the environment, memory impairment, and chronic illness.** | **Patient has psychological causes for disturbed thought process.** | **1. Assess patient for a potential suicidal ideation.**<br><br>**2. Assess patient for depressive behaviors, causative events, and orient patient to reality as warranted.** | **Patient did not have any suicidal ideation . Patient was able to express concerns with behavior.** |

| | | | |
|---|---|---|---|
| **3. Deficient knowledge R/T unfamiliarity with information and interpret R/T statements of concerns and inadequate follow through of instructions** | **Patient was unable to follow through with instructions.** | **1. Assess patients and family's readiness to learn before initiating an education plan.**<br><br>**2. Assess the patients fears and major concerns about diabetes.** | **Patient was able to express concerns about diabetes. Patient was given time to ask questions. Goals and outcomes of teaching were achieved.** |
| **4. Risk for infection R/T alterations in circulation** | **Risk for circulation due to diabetes** | **1.Monitor for sign and symptoms of infections and inflammation**<br><br>**2. Teach and promote good hand hygiene.** | **Patient showed an understanding of what is expect with good hand hygiene. Goal and outcomes were achieved.** |
| **5. Impaired physical mobility R/T impaired gait, tremors, and bradykinesia AEB gait disturbances, incoordination and jerky movements.** | **Patient has an impaired gait due to Parkinson disease.** | **1. Instruct patient with techniques that initiate movement.**<br><br>**2. Teach patient to concentrate on walking erect and use a wide base gait.** | **Patient was able to work with therapy to assist with gait issues.** |

**Other References (APA):** Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (14th ed.). Philadelphia, Pa: Wolters Kluwer Health Lippincott Williams & Wilkins

**Concept Map (20 Points):**

**Nursing diagnosis/outcomes**

1. Risk for infections R/T alteration in circulation. Patient will demonstrate techniques, lifestyle changes to prevent development of infection.
2. Impaired physical mobility R/T impaired gait, tremors, bradykinesia AEB gait disturbances, incoordination and jerky movements.

Patient will maintain functional mobility as long as possible with limitation of disease process.

3. Ineffective breathing pattern R/T decreased lunch expansion due to pain AEB patient discomfort with deep breathing

   a. **Maintain oxygen saturation >95 prior to discharge**
   b. **Ineffective tissue perfusion R/T diminshed/interrupted blood flow AEB decreased in muscle strength**

**Nursing interventions:**

1. Monitor S/S of infection and inflammation
    1. Auscultate breathe sounds

2. Instruct patient with techniques that initiate movement

Teach patient to concentrate on walking erect and use wide base gait.

Monitor vital signs

**Subjective Data:**

**Anxious**

**Tremors**

**Depression**

**Objective data:**

**Tremors, swelling LE**

**Unsteady gait**

**BP 132/76, P 82, R 18, T 97.8F, 99% room air**

**Parkinson**

**Jerky movements**

**Patient information:**

**Admission 03/10**

**M.R.**

**48 years old**

**Male**

**Single**

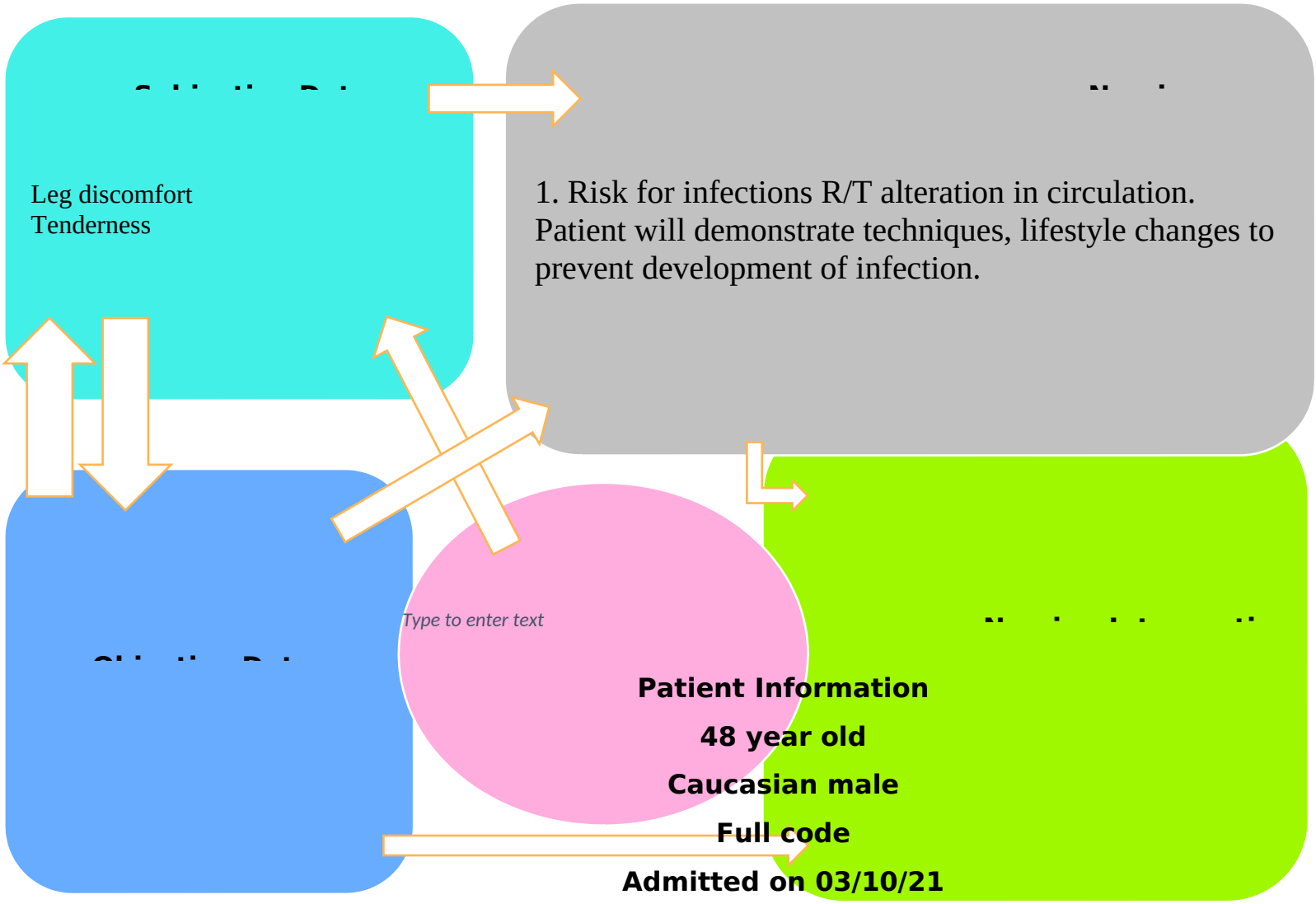
**Caucasian**

**Allergies: Tetanus & clonazepam**

**6’1”**

**Full code**

**212 lbs**


Leg discomfort
Tenderness
1. Risk for infections R/T alteration in circulation. Patient will demonstrate techniques, lifestyle changes to prevent development of infection.
Type to enter text
Patient Information
48 year old
Caucasian male
Full code
Admitted on 03/10/21