

N321 Care Plan #3

Lakeview College of Nursing

Jamie Rucker

Demographics (3 points)

Date of Admission 3/31/21	Patient Initials LB	Age 59	Gender F
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies IV Iodine, Penicillin's, - she must have diphenhydramine and prednisone before IV iodine. Airway becomes constricted with each of these
Code Status Full Code	Height 5'1"	Weight 250	

Medical History (5 Points)

Past Medical History: Fibromyalgia, restless leg syndrome, depression, rheumatoid arthritis, lumbar disc disease.

Past Surgical History: Pt has had 5 hip replacements starting from 2012-2020, she had gallbladder removed in 2010, hysterectomy when she was approximately 30 years old, 2 back surgeries from lumbar disc disease in 2012

Family History: Dad- prostate cancer and emphysema, passed away in 2005

Mom- asthma, dementia and passed away in 2009

Brother – ptsd

Sister - bipolar

Social History (tobacco/alcohol/drugs): pt has smoked 1 pack a day for the past 40 years. She is currently trying to quit and has gotten down to smoking about 2 cigarettes per day for the past month. She only has a drink on special occasions like her birthday, spouse's birthday and sometimes on a holiday. She has a medical card for marijuana and smokes marijuana nightly for restless leg syndrome.

Assistive Devices: Patient uses a cane after surgeries and as needed when her back pain is too severe.

Living Situation: Lives at home with her spouse and two dogs

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Low platelets with a diagnosis of immune thrombocytopenic purpura requiring splenectomy.

History of present Illness (10 points): Patient indicated she started noticing that she was bruising easily about 2 years ago. She went to the doctor and had blood work which determined that she had low platelets. Patient stated in 2019 she started going to the clinic 3 days a week to receive platelet infusions. More recently she had just been receiving injections but could not recall what it was specifically.

Secondary Diagnosis (if applicable): Splenectomy

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

The body requires proper hemostasis for the blood to clot properly and stop bleeding at that site of an injury. Platelets and coagulation are responsible for blood clotting and when either of these things are off, there is either an excess in bleeding or an excess in clotting (Capriotti, 2020). The normal range for platelets is 150,000 – 400,00, and anything below 100,000 indicates low platelets which is referred to as thrombocytopenia (Capriotti, 2020). The platelet coagulation disorders are rare and can be caused by a variety of things such as medications, leukemia, or in my patient's case, immune thrombocytopenic purpura (ITP) which is a disorder that causes the immune system to attack and destroy platelets (Capriotti, 2020).

Immune thrombocytopenia is said to be more common in younger women, but autoimmune diseases such as lupus or rheumatoid arthritis increase the risk for ITP (Immune thrombocytopenia, 2019). The connection I made from her past medical history is that the rheumatoid arthritis was at minimum contributing to her risk for ITP. Another contributing factor for thrombocytopenia is antidepressants and anti-inflammatory drugs. Having depression and arthritis she has a history of taking anti-inflammatory medications and currently takes bupropion which is for smoking cessation, but also an antidepressant, and she takes fluoxetine for depression. As seen in the correlating lab values below, her wbc and neutrophils were elevated which is due to her body's immune system fighting to attack her platelets since the platelets are not recognized, rather seen as invaders. Her hemoglobin and hematocrit are low which is a consistent finding in patients with blood disorders, hers being low platelets and the body attacking and destroying her platelets.

Over the course of the past two years, she has had IV immunoglobulin infusions 3 days a week and then she began receiving shots but could not recall what it was called. Finally, on 3/30/21 she was scheduled to come in for a splenectomy. Since the spleen is responsible for storing platelets, and the body's immune response is attacking the platelets in her body, removing the spleen will help with keeping more platelets circulating throughout the body. The splenectomy was performed laparoscopically using the Da Vinci method. Removing of the spleen is a last resort used when other treatment options for the blood disorder have not been successful (Splenectomy, 2020)

Pathophysiology References (2) (APA):

- Capriotti, T. (2020). *Davis advantage for pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis.
- Mayo Foundation for Medical Education and Research. (2019, April 30). *Immune thrombocytopenia (ITP)*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/idiopathic-thrombocytopenic-purpura/symptoms-causes/syc-20352325>.
- Mayo Foundation for Medical Education and Research. (2020, July 14). *Splenectomy*. Mayo Clinic. <https://www.mayoclinic.org/tests-procedures/splenectomy/about/pac-20395066>.
- Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's Diagnostic and Laboratory Test Reference - E-Book*. Mosby.

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	4.4-5.80	4.39	4.45	
Hgb	13.0-16.5	11.1	11.4	Blood disorders are one cause, and the most likely cause of low hgb in my patient ((Pagana et al., 2021).
Hct	38-50	34.7	35.5	Low hgb sand hct are indications of blood disorders. In my patient's case the body destroying the platelets contributes to low hgb and hct (Pagana et al., 2021).
Platelets	140-440	198	243	I was surprised to find the platelets within normal range since her diagnosis is ITP which is a low platelet disorder (Pagana et al., 2021).
WBC	4.00-12.00	16.90	10.50	Because my patient has ITP where her immune system attacks and destroys

				her platelets, that causes a higher WBC due to the activation of the immune response to fight what is believed to be an invader in the body
Neutrophils	40-60	78.1	68.8	Also high due to activating the immune response. The neutrophils are first on the scene in an immune response to fight off the invader in the blood/body((Pagana et al., 2021).
Lymphocytes	19-49	19	19	
Monocytes	3.0-13.0	n/a		
Eosinophils	0.0-0.8	n/a		
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-	134-144	140	141	
K+	3.5-5.1	3.7	4.0	
Cl-	98-107	103	103	
CO2	21-31	29	29	
Glucose	70-99	157	101	My patient is not diabetic, prednisone was not listed in the MAR, but the patient told me she is highly allergic to IV Iodine which must be used in surgery procedures such as with her splenectomy and beforehand she has to have prednisone. Prednisone can cause blood glucose to be elevated, as can other medications (Pagana et al., 2021).

BUN	7-25	11	9	
Creatinine	0.50-1.20	0.74	0.64	
Albumin	3.5-5.7	n/a	n/a	
Calcium	8.6-10.3	n/a	n/a	
Mag	1.6-2.6	n/a	n/a	
Phosphate	n/a	n/a	n/a	
Bilirubin	n/a	n/a	n/a	
Alk Phos	n/a	88	n/a	
AST	n/a	n/a	n/a	
ALT	n/a	n/a	n/a	
Amylase	n/a	n/a	n/a	
Lipase	n/a	n/a	n/a	
Lactic Acid	n/a	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				
PT				
PTT				
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		n/a	n/a	
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	Yellow & clear	n/a	n/a	
pH	5.0-7.0	n/a	n/a	
Specific Gravity	1.003-1.005	n/a	n/a	
Glucose	negative	n/a	n/a	
Protein	negative	n/a	n/a	
Ketones	negative	n/a	n/a	
WBC	0-25	n/a	n/a	
RBC	0-20	n/a	n/a	
Leukoesterase	negative	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
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Urine Culture				
Blood Culture		n/a		
Sputum Culture		n/a		
Stool Culture		n/a		

Lab Correlations Reference (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd e Kouli, A., Torsney, K. M., & Kuan, W.-L. (2018).
 Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). *Mosby’s diagnostic and laboratory test reference* (Fourteenth edition. ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): None

Diagnostic Test Correlation (5 points): n/a

Diagnostic Test Reference (APA): n/a

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

Home Medications (5 required) ** Patient has only 7 meds**

Brand/Generic	acetaminophen/ Tylenol	bupropion/ Wellbutrin	fluoxetine/ Prozac	furosemide/ Lasix	ropinirole/ Requip
Dose	325mg 2 tabs	150mg tab	80mg	20mg	6mg tab
Frequency	Q4h/PRN	BID	BID	BID	Nightly

Route	Oral	oral	oral	oral	oral
Classification	Antipyretic, nonopioid analgesic	Antidepressant, Smoking cessation	SSRI, antidepressant	Loop diuretic, antihypertensive	Dopamine antagonist, antiparkinsonian
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse.	Inhibits dopamine, norepinephrine and serotonin uptake by neurons.	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation	Stimulates postsynaptic dopamine type 2 receptors.
Reason Client Taking	Pain relief	smoking cessation	depression	to manage hypertension	Restless leg syndrome
Contraindications (2)	Hypersensitivity to acetaminophen, severe hepatic impairment	Hypersensitivity to bupropion, abrupt discontinuation of alcohol or barbiturates	Concurrent therapy with pimozide or hypersensitivity to fluoxetine	Anuria, hypersensitivity to furosemide	Only one listed: Hypersensitivity to ropinirole
Side Effects/Adverse Reactions (2)	Hypotension, hepatotoxicity	Arrhythmias, GI hemorrhage	Hypotension, altered platelet function, unusual bleeding	Arrhythmias, dizziness	Bradycardia, pancreatitis
Nursing Considerations (2)	Use cautiously in patients with hepatic impairment, monitor renal function in patients on long term therapy.	Certain forms of bupropion are not for smoking cessation, and use caution in patients with renal impairment	Use cautiously in patients with a hx of seizures, use cautiously in patients with congenital long QT syndrome	Patients allergic to sulfonamides may also be allergic to furosemide, obtain patient's weight before and during therapy to monitor fluid loss	Reassess patient for excessive drowsiness which may occur as late as 1 yr after starting therapy. Watch for orthostatic hypotension

Hospital Medications (5 required)

Brand/Generic	morphine sulfate/ MorphaBond	Ondansetron Zofran			
Dose	2mg injections	4mg tabs			
Frequency	Q2h PRN	Q6h/PRN			
Route	injection	Oral			
Classification	Opioid Analgesic	Antiemetic			
Mechanism of Action	Binds with and activates opioid receptors	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine			
Reason Client Taking	Pain relief after surgery	nausea			
Contraindications (2)	Alcohol withdrawal syndrome, arrhythmias	Concomitant use of apomorphine congenital long QT syndrome hypersensitivity to ondansetron or its components			
Side Effects/Adverse Reactions (2)	Bradycardia, hypotension	Hypotension, bronchospasms			
Nursing Considerations (2)	Store at room temperature. Be aware the morphine can lead to abuse and addiction	Monitor patients closely for s/s of hypersensitivity to ondansetron because anaphylaxis can occur. Monitor closely for serotonin			

Medications Reference (APA):

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

Assessment**Physical Exam (18 points)**

GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:	A&Ox4 Grooming is fair, looks stated age Patient rates pain 10/10, at times appears distressed due to pain from surgery Overall appearance slightly disheveled from being in the bed
INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:	Normal color Warm and dry Normal, 2+ turgor No rashes Bruising on arms, legs and abdomen Surgical incision wounds on the left upper and lower abdomen 19 JP drain in place, lower left abdomen
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, no JVD, trachea is without deviation. Thyroid is non palpable. Ears symmetrical bilaterally and clear Conjunctiva pink and moist, sclera white, no draining or discharge noted. No polyps or lesions present, moist and clear free of discharge. Tonsils 1+, uvula rises and falls symmetrically. Dentation is normal, no missing teeth.
CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable):	S1/S2 audible with normal rate and rhythm, no murmur, gallops or rubs, Cap refill less than 3 seconds = normal, no edema inspected or palpated

<p>Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds are clear bilaterally, absent of stridor, crackles and wheezes or rhonchi. Non labored normal breathing.</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal diet at home Normoactive Abdomen is tender on the left side Slight swelling from surgery, abdominal incisions 4 small from laparoscopic surgery and the jp drain</p> <p>Scarring on hips from previous hip surgeries, and on upper right abdomen from gallbladder surgery, slight edema in abdominal area from surgery. Jp drain in left abdomen</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>amber clear x1 during my shift (225 cc)</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	<p>WDL – active ROM</p> <p>Strong grips bilaterally Strong legs bilaterally</p> <p>Patient uses a cane and is a standby assist due to</p>

<p>Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 19 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment X Needs support to stand and walk X</p>	<p>recovering from surgery and pain in the abdomen. She is shaky at times and needs assistance with ambulating. She stated “I only use my cane at home after surgeries or when my back pain is too bad.”</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Pupils equal and reactive Grip Strength equal bilaterally Strength equal in legs bilaterally Oriented to person, place and situation Speech is clear LOC - Alert</p>
<p>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):</p>	<p>Patient lives at home with her spouse and 2 dogs. She is Protestant Christian and relies on her faith and her family for her coping mechanism and support.</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0836	88	122/68	20	98.2 oral	94% nasal cannula 5L
1135	94	118/76	18	98.2 oral	96% nasal cannula 5L

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0836	10/10	Left upper abdomen	severe	Sharp and achy	Morphine given
1125	8/10	Left upper abdomen	severe	Sharp and achy	Morphine given

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	18g Lateral side of arm (cephalic vein) 3/31/21 Patent No signs of erythema, drainage, no edema Dressing intact, clean, dry, free of blood

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120	225

Nursing Care

Summary of Care (2 points)

Overview of care: Main focus was pain management

Procedures/testing done: No tests or procedures today

Complaints/Issues: Patient's only complaint was pain which was being addressed with the use of pain medications, relaxation techniques and position changes.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: She does not have much of an appetite and is mostly concerned about getting her pain under control. We ambulated in the room to use the toilet, then back to bed.

Physician notifications: The RN notified the provider that patient’s pain is not being controlled and requested an additional or alternative medication. Provider was heading in to see the patient as I was leaving the floor.

Future plans for patient: Once pain is being managed patient will begin to ambulate more to help with the healing process and bowel elimination.

Discharge Planning (2 points)

Discharge location: Patient will discharge home with her husband

Home health needs (if applicable): none

Equipment needs (if applicable): none

Follow up plan: Follow up with surgeon and PCP

Education needs: Diet, exercise, weight loss and infection control and prevention

Nursing Diagnosis (15 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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.
1. Acute pain related disruption of skin, tissue, and presence of JP drain evidenced by	Patient reports left abdominal pain as an 10/10. Previous diagnostic testing confirms presence of enlarged ovary with lesion	1. Administered morphine Q2h/PRN 2. Promoted change of position and comfort techniques	1. Goal not met- Patient reported minimal change in reduction of pain. Dr. called to request change of meds or additional meds on board

<p>reports of pain</p>			<p>2. Goal met- Patient agreed to change positions and verbalized that pain was less intense when she used comfort techniques</p>
<p>2. Constipation related to pain and inactivity after surgery as evidenced by the inability to have a bowel movement</p>	<p>Patient has not had a bowel movement, is not eating or drinking much after surgery</p>	<ol style="list-style-type: none"> 1. Encourage increase intake of fluids 2. Encourage ambulation to help move bowels 	<ol style="list-style-type: none"> 1. Goal met – Patient is increasing her intake in fluids by taking sips regularly throughout the day. 2. Goal not met – Working to get pain under control. Patient agrees to ambulate once her pain is at a tolerable level
<p>3. Risk for infection related to broken skin/ incisions and drain in place</p>	<p>Patient has four incisions and a JP drain. She will be going home with her drain and has two dogs</p>	<ol style="list-style-type: none"> 1. Educated patient on the importance of keeping the drain site and incisions clean and to watch for redness and signs of infection. 2. Encouraged patient to keep her wounds covered and to prevent the dogs from jumping on her 	<ol style="list-style-type: none"> 1. Patient was receptive to teaching and willing to comply once she gets home. 2. Patient and spouse agreed that the dogs will be kept from jumping or sitting on her while she is healing.

Other References (APA):

North American Nursing Diagnosis Association. (2018). *Nanda nursing diagnosis: definitions and classification, 2018-2020*.

Concept Map (20 Points):

Subjective Data

Patient reports pain 10/10, little appetite and an inability to have a bowel movement since before her surgery

Nursing Diagnosis/Outcomes

- 1.Acute pain related disruption of skin, tissue, and presence of JP drain evidenced by reports of pain
- 2.Constipation related to pain and inactivity after surgery as evidenced by the inability to have a bowel movement
- 3.Risk for infection related to broken skin/incisions and drain in place

Objective Data

V/S - P 88, T 98.2 (oral), BP122/68, RR 20, O2 93% (nasal cannula 5L), Pain 10/10

Height 5'1" Weight 250lbs

Patient Information

59 y/o female with a two-year history of thrombocytopenia. Presented to OSF for scheduled splenectomy

Nursing Interventions

- 1.Administered morphine Q2h/PRN
- 2.Promoted change of position and comfort techniques
- 1.Encourage increase intake of fluids
- 2.Encourage ambulation to help move bowels
- 1.Educated patient on the importance of keeping the drain site and incisions clean and to watch for redness and signs of infection.
- 2.Encouraged patient to keep her wounds covered and to prevent the dogs from jumping on her

