N321 Care Plan #3

Lakeview College of Nursing

Mia Falbo

Demographics (3 points)

Date of Admission 3/30/2021	Patient Initials CP	Age 59	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployment	Marital Status Married	Allergies Ampicillin Carisoprodol Cephalexin Vancomycin Levaquin
Code Status Full Code	Height 165 cm	Weight 114.3 kg	

Medical History (5 Points)

Past Medical History: gastritis, COPD, CHF, anemia, hypothyroid

Past Surgical History: sacroiliac joint injection with fluoroscopy (2/7/2019), bilateral trochanter bursa injection (10/20/2020)

Family History: Mother: breast cancer, heart disease, congested heart failure, hypertension, thyroid disorder

Social History (tobacco/alcohol/drugs): Patient stated she has not used tobacco in 7 years. Patient denies any drug or alcohol use.

Assistive Devices: CPAP, biPAP

Living Situation: home with husband

Education Level: high school graduate, took some classes at Lake Land College

Admission Assessment

Chief Complaint (2 points): abdominal pain, urinary frequency

History of present Illness (10 points): On March 30th, 2021 Patient went to Sarah Bush Hospital for pain in the right upper abdomen and urinary frequency. The patient stated

the right upper abdomen and urinary frequency have been happening for about three weeks. The patient indicated over the last week; the pain has become more severe. The patient has more pain; she stated more on her upper right side of her abdomen. The patient says the pain is dull, but the pain becomes very sharp, constant, and achy when she is just sitting there. The patient's pain is bilateral in the lower abdomen and is ongoing dull pain constantly all day. The patient stated tried a heating pad which helped for a bit. The patient stated that pain medications like Advil did not help her pain levels.

Primary Diagnosis

Primary Diagnosis on Admission (2 points):urinary tract infection

Secondary Diagnosis (if applicable):.

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

Urinary tract infections are the most common microbial infections in humans (Flores-Mireles, Hreha, & Hunstad, 2019). Urinary tract infections may be classified as uncomplicated or complicated. For uncomplicated urinary tract infections, usually representing community-onset cystitis, are more frequent in an outpatient setting and can occur in healthy individuals without neurological abnormalities or structural issues of the urinary tract (Flores-Mireles, Hreha, & Hunstad, 2019). Uncomplicated urinary tract infections occur more predominantly in females but can happen in males as well. You usually find it for men, and the infection is more predominant in infants and adults (Flores-Mireles, Hreha, & Hunstad, 2019). Complicated urinary tract infections are associated with patient-level factors that compromise host defenses such as indwelling catheters,

urinary obstruction, or renal failure (Flores-Mireles, Hreha, & Hunstad, 2019). The patient currently has an uncomplicated urinary tract infection.

The higher incidence in females is historically caused by anatomic factors that enable transit of uropathogenic bacteria from the gastroniestil tract reservoir to the urinary tract (Flores-Mireles, Hreha, & Hunstad, 2019). Women have a shorter distance from the anus to the urethral opening and shorter urethral length than men and a vaginal/ perineal microenvironment that may facilitate colonization of the urethra by uropathogens (Flores-Mireles, Hreha, & Hunstad, 2019). Signs and symptoms of urinary tract infection include a strong urge and persistence to urinate, burning sensation when urinating, strong-smelling and cloudy urine, and pelvic pain (Urinary tract infection (UTI), 2020). There are different types of urinary tract infections that affect other parts of the urinary tract. The kidneys show signs and symptoms like upper back and flank pain, high fever, chills, nausea, and vomiting (Urinary tract infection (UTI), 2020). The bladder shows signs and symptoms of pelvic pressure, lower abdomen discomfort, frequent, painful urination, or blood in the urine (Urinary tract infection (UTI), 2020). Lastly, there is the urethra with shows signs of burring with urination and discharge (Urinary tract infection (UTI), 2020). The causes of a urinary tract infection usually happen when bacteria enter the urinary tract through the urethra and begin to multiply in the bladder. When the urinary system is designed to keep put microscopic invaders, these defenses sometimes fail. Due to that, bacteria may take hold and grow into an infection in the urinary tract (Urinary tract infection (UTI), 2020). Some risk factors include the female anatomy, sexual activities, certain types of birth control, and menopause (Urinary tract infection (UTI), 2020).

When identifying urinary tract infections, it is vital to get a urinalysis to identify the disease. The patient's labs showed the patient's red blood count, hemoglobin and hematocrit were all low. Another low lab was the patient's sodium level. The patient also had a high glucose level due to poor blood sugar control with a urinary tract infection. The hormones are working against the action of insulin (Diabetes and utis: What you should know). Urinary tract infections can be diagnosed through a urine sample, growing urinary tract bacteria in labor using a scope inside your bladder (Urinary tract infection (UTI), 2020). Treatment options include the use of medications, such as antibiotics. Some lifestyle changes and home remedies include drinking plenty of water, using a heating pad, or avoiding irritating drinks to your bladder (Urinary tract infection (UTI), 2020). The patient was on antibiotics for the urinary tract infection she had before this one. Still, during this stay at the hospital, her treatment includes more pain medication for her abdominal pain. They were also encouraging an increase in fluid intake

Pathophysiology References (2) (APA):

Flores-Mireles, A., Hreha, T., & Hunstad, D. (2019, June 01). Pathophysiology, treatment, and prevention of catheter-associated urinary tract infection. Retrieved April 05, 2021, from https://meridian.allenpress.com/tscir/article/25/3/228/449299

Urinary tract infection (uti). (2020, October 14). Retrieved April 05, 2021, from https://www.mayoclinic.org/diseases-conditions/urinary-tract-infection/symptoms-causes/syc-20353447

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	2.25	4.09	The patient has a low value due to the urinary tract infection destroying the red blood cells (Hemoglobin/hematocrit).
Hgb	13.0-17.0	7.2	12.7	The patients hemoglobin is low due to the urinary tract infection destroying the red blood cells (Hemoglobin/hematocrit).
Hct	38.1-48.9	19.9	36.3	The patient has a low value due to the urinary tract infection destroying the red blood cells (Hemoglobin/hematocrit).
Platelets	149-393	275	181	
WBC	4.0-11.7	10.1	6.5	
Neutrophils	45.3-79	68.8	76.0	
Lymphocytes	11.8-45.9	22.5	13.8	
Monocytes	4.4-12.0	6.2	6.3	
Eosinophils	0.0-6.3	1.7	2.9	
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	136	The patients sodium levels are low due to the bacterial infection (Królicka, Kruczkowska, Krajewska, & Kusztal, 2020).

K+	**3.5-5.1**	**3.5**	**4.4**	
Cl-	**98-107**	**99**	**99**	
CO2	**21-31**	**27**	**30**	
Glucose	**74-109**	**184**	**121**	**The patients glucose levels are high due to poor blood sugar control with a urinary tract infection. The hormones are working against the action of insulin (Diabetes and utis: What you should know).**
BUN	**7-25**	**18**	**16**	
Creatinine	**.84-1.21**	**0.95**	**0.92**	
Albumin	**3.5-5.2**	**3.8**	**N/A**	
Calcium	**8.6-10.3**	**8.8**	**8.6**	
Mag	**1.6-2.4**	**N/A**	**N/A**	
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**0.3-1.0**	**0.3**	**N/A**	
Alk Phos	**35-105**	**105**	**N/A**	
AST	**13-39**	**13**	**N/A**	
ALT	**7-52**	**10**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**24-151**	**23**	**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	Light yellow/ clear	N/A	*No abnormal labs*
pH	5-8	5.0	N/A	
Specific Gravity	1.005-1.030	1.015	N/A	
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	

WBC	**0-5**	**4**	**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):

Hemoglobin/hematocrit. (n.d.). Retrieved April 04, 2021, from https://www.carenow.com/patient-services/medical-tests/hemoglobin-hematocrit.dot

Królicka, A., Kruczkowska, A., Krajewska, M., & Kusztal, M. (2020, July 23). Hyponatremia in infectious diseases-a literature review. Retrieved April 04, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7432506/

Diabetes and utis: What you should know. (n.d.). Retrieved April 04, 2021, from https://www.uristat.com/about-uti/diabetes-and-utis-what-you-should-know

Diagnostic Imaging

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

Results: found diverticulitis of colon

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 April 4th, 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 different medications must be completed

Home Medications (5 required)

Brand/Generic	**Ondansetron/ Zofran**	**Benadryl, Diphenhydramine**	**Prilosec Omeprazole,**	**levothyroxine/ L-thyroxine sodium**	**(Buspar) buspirone**
Dose	**4 mg**	**25 mg**	**20 mg**	**0.175 mg**	**10 mg**
Frequency	**Q8H, PRN**	**TID, PRN**	**BID**	**1x daily**	**BID**
Route	**IV push**	**PO**	**PO**	**Oral**	**Oral**
Classification	**antiemetic**	**antihistamine**	**Proton pump inhibitor**	**Thyroid hormone**	**Antianxiet agent**
Mechanism of Action	**Blocks serotonin receptors centrally in the chemoreceptor Trigger zone and periph-erally at vag-al nerve terminal**	**Diphenhydramine acts as an inverse agonist at the H1 receptor, thereby reversing effects of histamine on capillaries, reducing allergic reaction symptoms.**	**Inhibits the parietal cell H+ / K+ ATP pump and suppresses gastric vasal and stimulated acid**	**Replaces endogenous thyroid hormone, which may exert its physiological effects by controlling DNA transcription**	**Unknown. Has moderate affinity for brain D2-dopamine receptors.**

	in the intestine.		**secretion**	**and protein synthesis**	
Reason Client Taking	**To prevent Nausea And vomiting**	**To prevent pain**	**Heartburn**	**To treat mild hypothyroidism**	**Treat anxiety, think more clearly, relax, worry less, feel less jittery and irritable.**
Contraindications (2)	**Hypertension, hypokalemia**	**High blood pressure, enlarged prostate**	**Hypertension, Liver problems**	**Acute MI, untreated thyrotoxicosis**	**Renal failure, Hepatic disease**
Side Effects/Adverse Reactions (2)	**Constipation, headache**	**Sedation, constipation**	**Headache, Abdominal pain**	**Anxiety, insomnia**	**Chest pain shortness o breath**
Nursing Considerations (2)	**Monitor patient For serotonin Syndrome, Monitory electrolytes**	**Administer with food if GI upset occurs**	**Monitor for changes in urinary elimination, have patient take the medication before a meal**	**Use with caution when administering to children to avoid over treatment, be aware this is not used to treat obesity**	**Do not administer with grapefruit juice, Instruct patient to avoid alcohol and other CNS depressant**

Hospital Medications (5 required)

Brand/Generic	**Morphine/ Arymo**	**enoxaparin/ Lovenox**	**Lopressor/ metoprolol**	**Apresoline/ Hyldralazine**	**Meclizine hydrochloride**

Dose	**1 mL**	**0.4 mL**	**50 mg**	**10 mg**	**25mg**
Frequency	**every 6 hours, PRN**	**daily**	**1 tab ER daily**	**QID 1 tab**	**As needed (for dizziness)**
Route	**IV push**	**Sub-Q injection**	**oral**	**oral**	**oral**
Classification	**Opioid**	**Anticoagulant**	**Beta blocker**	**Vasodilator**	**NSAID, analgesic**
Mechanism of Action	**Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria**	**Potentiates the action Of antithrombin III, a coagulating inhibitor.**	**works by blocking the action of certain natural chemicals in your body, such as epinephrine, on the heart and blood vessels. This effect lowers the heart rate, blood pressure, and strain on the heart.**	**not fully understood, the major effects are on the cardiovascular system. Hydralazine apparently lowers blood pressure by exerting a peripheral vasodilating effect through a direct relaxation of vascular smooth muscle.**	**Blocks cyclooxygenase, t synthesize prostaglandin inflammatory response a swelling, and vasodilatio**
Reason Client Taking	**To relieve pain**	**To prevent DVT**	**To treat high blood pressure**	**To relax the muscle in your**	**To relieve pain and infla rheumatoid arthritis & o**

				blood vessels to help then dilate	
Contraindications (2)	**Paralytic ileus, alcohol withdrawal**	**Active major bleeding, history of heparin induced thrombocytopenia**	**Diabetes, low blood sugar**	**Allergy to medication, coronary artery disease**	**Hypersensitivity to aspir**
Side Effects/Adverse Reactions (2)	**Chills, shock**	**Confusion, dyspnea**	**dizziness,**	**Headache, loss of appetite**	**Seizures, MI**
Nursing Considerations (2)	**Be aware morphine can lead to abuse, addiction and misuse, use caution for patients at risk for carbon dioxide retention**	**Use caution with patients with increased hemorrhage, use caution with those with history of heparin induced thrombocytopenia**	**Do not stop medication abruptly, Do not crush medication**	**Monitor hypertension, encourage regular exercise**	**Advise patient to avoid a prolong fatigue, dry mou**

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 to person, Place, situation, time** **X4** **Pain in right upper quadrant in 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** **Normal turgor 3+** **No rashes, bruises, wounds present** **20**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head and neck symmetrical, trachea is midline** **Tympanic membrane pearly gray** **Pupil size- 2+, no sign of drainage** **Symmetrical, no polyps, drainage or redness** **Pink, moist mucosa**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒**	 **S1 and S2 present, no murmurs, gallops, bruits, or rubs heard** **2+** **Less than or equal to 3** **0**

Edema Y ☐ N ☒ **Location of Edema:**	
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** **Soft diet** **165 cm** **114.3 kg** **Active** **March 29** **Pain with deep palpation near upper abdomen** **No distention, incisions, scars, drains or wounds present**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☒ N ☐** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Orange** **Clear** **300 mL**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:**	**Nail bed pink, extremities warm** **Active** **Cane** **5- Active motion against full resistance** **45** **Patient able to get up with light assistance.**

Independent (up ad lib) ☐ **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	
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** **Appropriate** **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 reading books and spending time with her husband. Patient is able to read, write, form full structured sentences and make full informed decisions. Patient religious preference is Baptist. Patients husband is his support system.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0855	**85 bpm**	**149/74**	**20**	**36.8**	**97**
0905	**80 bpm**	**158/82**	**18**	**36**	**97**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0850	**Numeric**	**upper abdomen**	**10**	**Sharpe, achy**	**The use of medication to reduce the pain**
0905	**Numeric**	**upper abdomen**	**10**	**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 upper arm
Date on IV:	3/30/21
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)**
Sprite: 7 mL	**Pt voided 300 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: The patient has been very cooperative and calm throughout her stay at Sarah Bush Lincoln Hospital. The patient came into the hospital for lower abdominal pain and vomiting. The patient is on a soft diet but has not been eating due to the abdominal pain. The patient is slowly making progress, but her pain levels are still very high. The patient has made a goal to try and eat and be able to find ways to cope with her abdominal pain.

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

Complaints/Issues: Patient complained of right upper abdominal pain.

Vital signs (stable/unstable): The patient's vital signs are unstable the last time I took them. The patient has elevated blood pressure.

Tolerating diet, activity, etc.: Patient is on a soft diet.

Physician notifications: The physician is anticipating discharge for the patient with an outpatient colonoscopy. The patient will be sent home with pain medication.

Future plans for patient: Future plan is to return home.

Discharge Planning (2 points)

Discharge location: home in Charleston

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up plan is for the patient to go home with outpatient coloscopy.

Education needs: The patient needs education on the importance of taking her medication. The patient needs education on medication side effects. The patient thought her urine was bloody because the color was orange. The patient needs education on the importance of staying well hydrated.

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 for bleeding	**Patient is dealing with blood in**	**1.monitor hematocrit and hemoglobin**	**The patient stated she was in a lot of pain The**

related to blood in stool evidence by low hemoglobin level	**stool. The patient having blood loss in stool can range from harmless to very serious. It is important to view this seriously because the patient is complaining of abdominal pain which can be caused by a path of bleeding in the patients gastrointestinal tract.**	**regularly** **2.monitor the patient for signs of increased bleeding or hemorrhage**	**patient expressed she was very nervous the pain would not go away. After the patient consumed her pain medication her abdominal pain subsided a little. The patient stated her pain scale went from a 10/10 to an 8/10. I got the patient a warm blanket and advised her to turn onto his side to try and ease the abdominal pressure. Goal was met due to the patients pain level starting to go down.**
2. Acute pain related to urinary tract infection as evidence by abdominal pain	**The patient is suffering from a urinary tract infection which can cause abdominal pain. The patient stated her abdominal pain is constant but varies from sharp to dull. The patient states the pain is elevated intensely to about an 10 out of 10 on a numeric scale.**	**1. Provide measures to relieve pain before it becomes severe** **2.Acknowledge and accept the client's pain**	**The patient was in a lot of pain near her right upper quadrant in her abdomen. The patient is on a soft diet but has no eaten due to the pain. Goal was met due to the patients pain level going from a 10/10 to an 8/10.**
3. Ineffective Tissue Perfusion related to low hemoglobin as evidence by blood in	**The patient has a very low hemoglobin level and had evidence of blood in her stool. This needs to be checked due to make sure**	**1.Examine patient's stool for blood or different color changes** **2check hemoglobin levels**	**The patient stated she appreciated the care being taken for her but wishes her pain would subside. The goal was not met due to the fact of the patient not having a bowel**

stool and low hemoglobin	**there is not bleeding, clotting or different perfusion issues going on.**		**movement since the 29th to examine for blood. Also, the patient's hemoglobin levels are still low from admission.**

Other References (APA):

Wayne, G., By, -, Wayne, G., & Gil Wayne graduated in 2008 with a bachelor of science in nursing. He earned his license to practice as a registered nurse during the same year. His drive for educating people stemmed from working as a community health nurse. He conducted first aid traini. (2019, February 12). Ineffective tissue perfusion – Nursing diagnosis & care plan. Retrieved April 05, 2021, from https://nurseslabs.com/ineffective-tissue-perfusion/

Concept Map (20 Points):

Subjective Data

Patient states “I have pain in my abdomen and constantly urinating” Pt’s chief complaint was abdominal pain and urinary frequency

Nursing Diagnosis/Outcomes

Risk for bleeding related to blood in stool evidence by low hemoglobin level
Acute pain related to urinary tract infection as evidence by abdominal pain
Ineffective Tissue Perfusion related to low hemoglobin as evidence by blood in stool and low hemoglobin

Objective Data

Patient’s vitals:
BP: 149/74
RR: 20
O2: 97%
HR: 85 bpm
Temp: 36.8 C

Patient Information

Patient is a 59 year old female, Caucasian with a history of gastritis, COPD, CHF, anemia, hypothyroid. Patient is being hospitalized for abdominal pain and constant urination.

Nursing Interventions

1.Monitor hematocrit and hemoglobin regularly

2.Monitor the patient for signs of increased bleeding or hemorrhage
1. Provide measures to relieve pain before it becomes severe

2.Acknowledge and accept the client’s pain

1.Examine patient’s stool for blood or different color changes

2. Check hemoglobin levels