N311 Care Plan #4

Lakeview College of Nursing

Whitney Simlin

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
3/22/21	E.B.	92 y/o	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/ Caucasian	Retired	Divorced	Morphine sulfate and Tramadol
Code Status	**Height**	**Weight**	
DNR-comfort care	4'10"	101.4 lb.	

Medical History (5 Points)

Past Medical History:

Chronic pain, Depression, Hypertension, Osteoarthritis

Past Surgical History:

Cholecystectomy, Inguinal Hernia Repair

Family History: No known family history

Social History (tobacco/alcohol/drugs): Past use of tobacco. No past use of alcohol or drugs

Admission Assessment

Chief Complaint (2 points): Confusion

History of present Illness (10 points): On March 22nd ,2021- a 92-year-old, white woman was brought to the skilled nursing facility by family and was admitted due to the increased confusion. E.B. is still currently living in the skilled nursing facility. Her illness is moderate to severe but is being controlled with anti-psychotic medications. The characteristics associated with this patient's illness are hallucinations and erratic behaviors. There are no aggravating factors. There

are no relieving factors. The treatment she is receiving is 24-hour care at an assisted living facility and prescribed medication.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Osteoarthritis (OA)

Secondary Diagnosis (if applicable):n/a

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

Osteoarthritis (OA) is a common, progressive disease. Chondrocytes within the joint fail to synthesize good- quality matrix in terms of both resistance and elasticity this makes the cartilage more prone to deterioration (Capriotti & Frizzell, 2015). OA is recognized as a process in which all joint structures produce new tissue in response to joint injury or cartilage destruction (Capriotti & Frizzell, 2015) . This chronic, progressive disease is characterized by gradual loss of articular cartilage combined with thickening of the subchondral bone and formation of bony growths called osteophytes after joint margins (Capriotti & Frizzell, 2015). This progression of this disease has been shown when we talk to B.E. about the history of her disease. She mentioned that her back pain first started when she was in her 40's.

Osteoarthritis (OA) is prevalent amongst individuals over age 65 (Swearingen & Wright, 2018). However, OA is not uncommon in younger individuals beginning at age 30 (Swearingen & Wright, 2018). There are two types of OA. OA may be classified as either idiopathic or secondary (Swearingen & Wright, 2018). Idiopathic arthritis occurs in individuals with no history of joint injury or disease or of systematic illness that might contribute to the development of arthritis aging may be one influence on the deterioration of cartilage in the arthritic joints, but

additional evidence suggests existence of an autosomal recessive trait for gene deficits that causes premature cartilage destruction (Swearingen & Wright, 2018). The other type of osteoarthritis is secondary OA and that occurs in younger individuals and commonly occurs because of congenital processes, trauma, repetitive occupational stress, hemophilic joint hemorrhage, or infection (Swearingen & Wright, 2018). We are unsure of the which type of OA the client has. From the information available to us, it appears that she may either have one or both types of OA.

Affected individuals experience increasing pain and loss of function, with possible joint deformity (Swearingen & Wright, 2018). OA is twice as common in women as it is in men. From what we gathered from the clients report and the fact that she just now needs care because of chronic back pain, her pain and/or loss of function has increased with age. E.B. being a woman increased her likelihood of getting OA.

There are several risks factors for osteoarthritis are family history, sex, as mentioned previously- woman are more likely to get OA than men, age and obesity (Swearingen & Wright, 2018). We have no knowledge of our client having a family history of osteoarthritis. She is not overweight or obese. The risk factors E.B. has is her age and being a woman.

Diagnostic tests for OA are physical examination and MRI (Swearingen & Wright, 2018). Unfortunately, we do not have access to her full medical history and therefore do not know how she was initially diagnosed with OA. E.B.'s diagnostic testing records were not available.

Treatment used for OA include Tylenol, NSAIDS, and physical therapy (Swearingen & Wright, 2018). E.B uses acetaminophen to relieve her pain. Although physical therapy was not mentioned in the client's chart, physical therapist was seen working with this client doing

passive and active ROM. Another treatment used for OA is rest. While caring for the client, it was noted that she rests most of the day.

Pathophysiology References (2) (APA):

Swearingen, P. L., & Wright, J. (2018). "All-in-one nursing care planning resource" (5th ed.). Mosby.

Capriotti, Theresa M. and Frizzell, Joan Parker, (2015). "Pathophysiology: Introductory Concepts and Clinical Perspectives". Swearingen, P. L. (2008).

Laboratory Data (20 points)
If laboratory data is unavailable, values will be assigned by the clinical instructor

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	**Male: 4.7-6.1 Female: 4.2-5.4**	**n/a**	**n/a**	
Hgb	**Male:14-18 g/dL Female: 12-16 g/dL**	**n/a**	**13.7**	

Hct	**Male: 40-52% Female: 36-47%**	**n/a**	**38.1**	
Platelets	**150-400 x 10^9/L**	**n/a**	**266**	
WBC	**5-10 x 10^9/ L**	**n/a**	**5.40**	
Neutrophils	**55-70**	**n/a**	**n/a**	
Lymphocytes	**20-40**	**n/a**	**n/a**	
Monocytes	**2-8**	**n/a**	**n/a**	
Eosinophils	**1-4**	**n/a**	**n/a**	
Bands	**0.5-1**	**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 mEq/L**	**n/a**	**134**	**May be caused by insufficient diet intake**
K+	**3.5-5 mEq/L**	**n/a**	**3.3**	**May be caused by insufficient diet intake**
Cl-	**98-106 mEq/L**	**n/a**	**97**	**Client may have undiagnosed issues with her kidneys (Capriotti & Frizzell, 2015)**
CO2	**23-30 mEq/L**	**n/a**	**n/a**	
Glucose	**74-106 mg/dL**	**n/a**	**92**	
BUN	**10-20 mg/dL**	**n/a**	**12**	
Creatinine	**0.5-1.1 mg/dL**	**n/a**	**0.59**	
Albumin	**3.5-5 g/dL**	**n/a**	**3.6**	

Calcium	**9-10.5 mg/dL**	**n/a**	**9.1**	
Mag	**1.3-2.1 mEq/L**	**n/a**	**n/a**	
Phosphate	**3-4.5 mg/dL**	**n/a**	**n/a**	
Bilirubin	**0.3-1 mg/dL**	**n/a**	**n/a**	
Alk Phos	**30-120 U/L**	**n/a**	**70**	

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	**Clear, Amber/ Yellow**	**n/a**	**n/a**	
pH	**4.6-8 Average: 6**	**n/a**	**n/a**	
Specific Gravity	**1.005-1.03**	**n/a**	**n/a**	
Glucose	**50-300 mg/day**	**n/a**	**n/a**	
Protein	**0-8 mg/dL**	**n/a**	**n/a**	
Ketones	**negative**	**n/a**	**n/a**	
WBC	**0-4 per low-power field Negative for cast**	**n/a**	**n/a**	
RBC	**Less than or equal to 2 Negative for cast**	**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
Urine Culture	**Negative: less than 10,000 per mm of U** **Positive: greater than 100,000 per mm of U**	**n/a**	**n/a**	
Blood Culture	**Negative**	**n/a**	**n/a**	
Sputum Culture	**Normal Upper RT**	**n/a**	**n/a**	
Stool Culture	**Normal intestinal flora**	**n/a**	**n/a**	

Lab Correlations Reference (APA):

Chernecky, C. C., & Berger, B. J. (2008). ***Laboratory tests and diagnostic procedures*****. St. Louis, MO: Saunders Elsevier.**

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). ***Mosby's diagnostic and laboratory test reference*****. St. Louis, MO: Elsevier.**

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

N/A

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Tylenol/ Acetominophen**	**Neurontin/ gabapentin**	**Seroquel/ quetiapine**	**Flonase/ fluticasone**	**Zyrtec/ cetirizine**
Dose	**300 mg**	**100 mg**	**300 mg**	**50 mcg**	**10 mg**
Frequency	**Q4**	**3x daily**	**3x daily**	**2 x daily**	**1x daily**
Route	**P.O.**	**P.O.**	**P.O.**	**nasal**	**P.O.**
Classification	**Nonsalicylate, paraminophenol**	**1-amino-methylcyclohexaneacetic acid**	**Antipsychotic**	**Corticosteroid**	**Antihistamine**
Mechanism of Action	**Inhibits the enzyme clclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature –**	**Gabapentin is structurally like gamma- aminobutyric acid (GABA), the main inhibitory neurotransmitter in the brain. Although gabapentin's exact mechanism of action is unknown. GABA inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated responses to painful stimuli and pain- related responses**	**May produce antipsychotic effects by interfering with dopamine binding to dopamine type 2 (D2) – receptor sites in the brain and by antagonizing serotonin 5-HT2, dopamine type 1 (D1), histamine H1,**	**Inhibits cells involved in the inflammatory response of asthma, such as basophils, eosinophils, lymphocytes, macrophages, mast cells, and neutrophils. Fluticasone also inhibits production or secretion of chemical mediators,**	**Non- sedating histamine that works by blocking histamine (h1) receptors on cells. Histamine is a chemical that is responsible for many of the signs and symptoms of allergic reactions, Histamine is released from histamine-storing cells (mast cells) and then attaches to other cells that**

	regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2	**to a normally innocuous stimulus to account for its effectiveness in relieving postherpetic neuralgia and restless legs syndrome symptoms.**	**and adrenergic alpha1 and alpha 2 receptors**	**such as cytokines eicosanoids, histamines, and leukotrienes**	**have receptors for histamine. The attachment of the histamine to the receptors causes the cells to be "activated," releasing other chemicals that produce the effects that we associate with allergy.**
Reason Client Taking	**Back pain**	**Postherpetic Neuralgia**	**Schizophrenia**	**To prevent asthma attacks**	**Relieves allergy symptoms- such as watery eyes, and itchy throat**
Contraindications (2)	**Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease**	**Hypersensitivity to gabapentin or its components**	**Hypersensitivity to quetiapine or its components**	**Hypersensitivity to fluticasone or its components, or to milk proteins; primary treatment of status asthmaticus or other acute asthma episodes that require intensive measures; untreated nasal mucosal infection (nasal suspension)**	**Liver problems or glaucoma**
Side Effects/Adverse Reactions (2)	**Agitation, Hypotension**	**Acute renal failure, Apnea**	**Hypothermia, Suicidal Ideation**	**Adrenal insufficiency, Anaphylaxis**	**Drowsiness, Fatigue** **(Learning, 2020)**

Medications Reference (APA):

Learning, J. &. (2020). ***Nurse's Drug Handbook 2021*****. S.l.: Jones & Bartlett Learning.**

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and Oriented to person, place, and time x3** **No distress** **Well-groomed and appropriately dressed**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink** **Dry/Norm** **Warm** **Tinting** **None** **Bruise on left arm and hand** **None** **12**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **No abnormalities, symmetrical** **No hearing devices, bilaterally** **Eyes symmetrical, EOM** **Nose symmetrical, no abnormalities, no deviation** **No teeth, pt states "I have dentures at home."** .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	**Clear S1 and S2 without murmurs, gallops, or rubs. PMI auscultated at 5th intercostal space at MCL. Normal rate and rhythm. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds fingers and toes bilaterally. No**

Capillary refill: **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**edema inspected or palpated in all extremities. Epitrochlear lymph nodes nonpalpable bilaterally. Homans sign negative bilaterally**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal rate and pattern of respirations, respirations symmetrical and non- labored, lung sounds clear throughout anterior/ posterior bilaterally, no wheezes, crackles, or rhonchi noted**
GASTROINTESTINAL: **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:**	 **Regular diet** **4'11"** **115 lbs.** **Bowel sounds are normal/ active in all 4 quadrants.** **Today** **No CVA tenderness** **No abnormalities found upon inspection for distention, incision, scars, drains, or wounds**
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 **yellow** **clear/ not cloudy** **voided 2x**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐**	 **Appropriate for age** **Normal ROM** **None, uses 1 assist, wheelchair** **Strength in both upper and lower extremities**

Fall Risk: Y ☒ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	 **High** **No** **Yes- assist x1** **Yes- assist x1**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **All extremities have full range of motion (ROM). Hand grips, pedal pushes, and pulls demonstrate normal and equal strength.** **Unbalanced and abnormal gait.** **Patient A & O to person, place, and time, 3+** **Mature and cognitive** **Alert** **No focal neurological deficits**
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	 **Prayer and family** **Mature** **Lutheran – Catholic** **Pt is a firm believer in Jesus Christ** **Pt has a living son and daughter who she loves and looks forward to seeing them soon.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:30	**84**	**143/66**	**16**	**97.4 F**	**98%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

9:25	**0-10**	**back**	**2/10**	**Tender, sharp**	**Reposition pt every 2 hours and provide lower back support with a pillow when in her wheelchair**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
120 oz orange juice **Food: biscuit, Egg, cream of wheat, fruit** **cocktail** **50%**	**Voided 2x** **Small, formed BM**

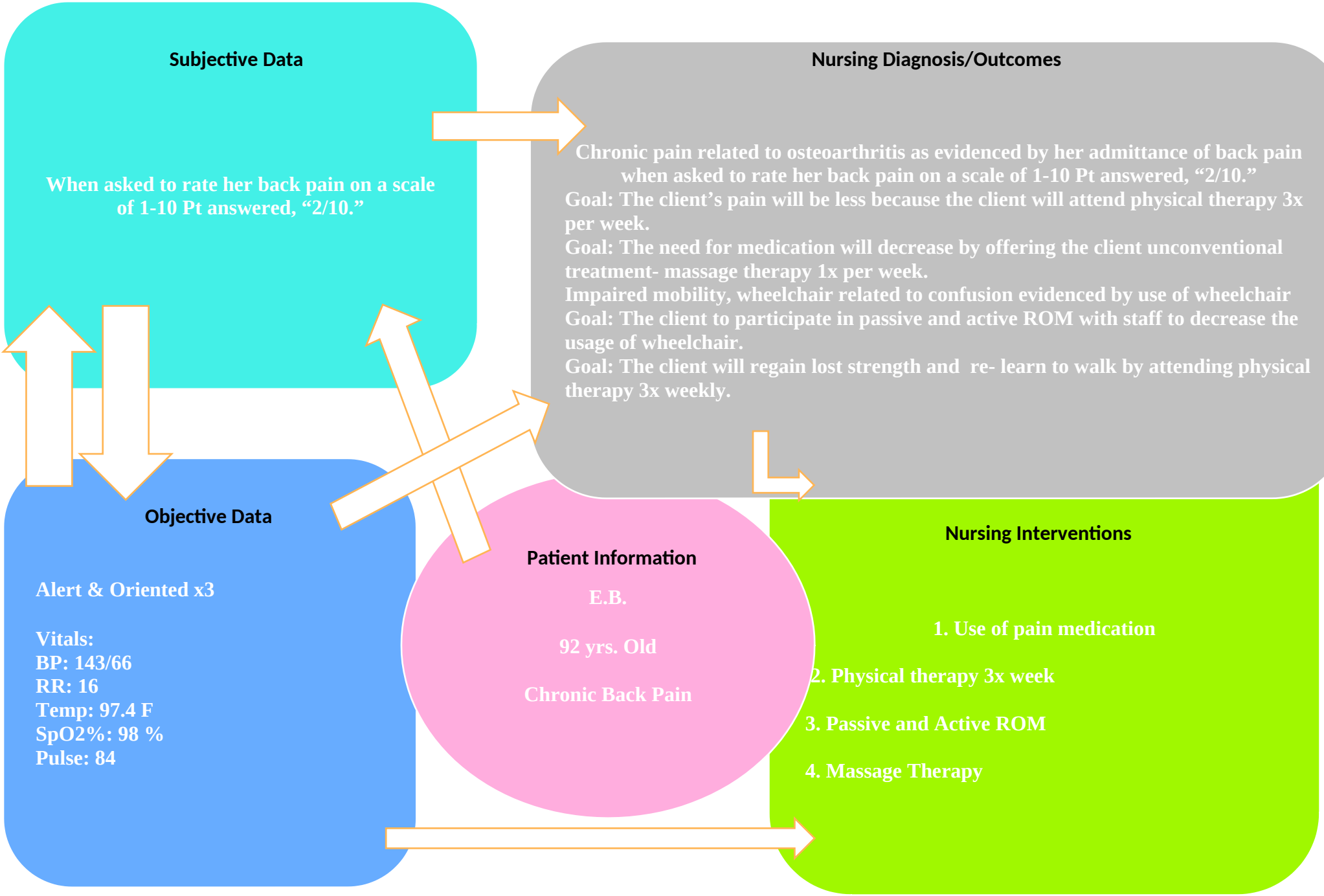
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Impaired mobility, wheelchair related to confusion evidenced by use of wheelchair	**Pt uses wheelchair to be mobile because of confusion and is unable to walk**	**1. ROM exercises 2x daily** **2. Rehabilitation**	**N/A**

1. Chronic pain related to Osteoarthritis as evidenced by admittance of back pain when asked	**Client experiences pain when walking and repositioning**	**1. Encourage client to attend physical therapy sessions 2. Administer pain medication around the clock**	**1. Patient will attend therapy 3x weekly. 2. Nurse will administer pain medication for back pain, Q4**

Other References (APA):

Concept Map (20 Points):


Subjective Data
When asked to rate her back pain on a scale of 1-10 Pt answered, “2/10.”
Nursing Diagnosis/Outcomes
Chronic pain related to osteoarthritis as evidenced by her admittance of back pain when asked to rate her back pain on a scale of 1-10 Pt answered, “2/10.”
Goal: The client’s pain will be less because the client will attend physical therapy 3x per week.
Goal: The need for medication will decrease by offering the client unconventional treatment- massage therapy 1x per week.
Impaired mobility, wheelchair related to confusion evidenced by use of wheelchair
Goal: The client to participate in passive and active ROM with staff to decrease the usage of wheelchair.
Goal: The client will regain lost strength and re- learn to walk by attending physical therapy 3x weekly.
Objective Data
Alert & Oriented x3
Vitals:
BP: 143/66
RR: 16
Temp: 97.4 F
SpO2%: 98 %
Pulse: 84
Patient Information
E.B.
92 yrs. Old
Chronic Back Pain
Nursing Interventions
1. Use of pain medication
2. Physical therapy 3x week
3. Passive and Active ROM
4. Massage Therapy