N321 Care Plan #1

Lakeview College of Nursing

Mia Falbo

Demographics (3 points)

Date of Admission 3/9/21	**Patient Initials** MR	**Age** 69	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Divorced	**Allergies** Diphenhydramine Goose feathers Rose Flower Dust Mite
Code Status Full Code	**Height** 162.5 cm	**Weight** 130.4 kg	

Medical History (5 Points)

Past Medical History: hyperlipidemia, hypotension, and barrettes esophagus

Past Surgical History: colonoscopy (8/15/18), ovaria cyst removed (1979)

Family History: Mother: pancreatic cancer, Dad: heart disease and diabetes, uncle and sister: type two diabetes.

Social History (tobacco/alcohol/drugs): Patient stated she does not currently use tobacco products and only smoked less than 100 cigarettes in her life time and she was exposed to second hand smoke growing up. Patient denies any drug or alcohol use.

Assistive Devices: glucose monitor

Living Situation: Patient lives at Brookstone assisted living home in Mattoon.

Education Level: College graduate from St. Paul University

Admission Assessment

Chief Complaint (2 points): lower leg pain and swelling

History of present Illness (10 points): On March 9th, 2021, the patient was admitted to Sarah Bush Hospital for lower leg pain and swelling. The patient stated her pain has been present for a couple of years. She stated the pain in her calves has been persistent over the past two weeks. The patient says the pain is dull, but the pain becomes very sharp, constant, and achy when she walks. The patient's pain is bilateral in her lower extremities and is about 2 hours off and acute continuous pain, especially in the morning. The patient stated her walking or sitting for an extended period triggers more pain in her calves. The patient started when she elevates her legs; it helps relieve some of the swellings. The patient noted her pain levels decrease a bit but not drastically when she takes Tylenol.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Covid-19

Secondary Diagnosis (if applicable):.

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

COVID-19 is a highly contagious single-stranded RNA virus genetically related to SARS Cov. The main organs affected by the coronavirus are the lungs, which lead to pneumonia and respiratory failure. Some patients may have issues present in the gastrointestinal tract, cardiac or neurological system (Coronavirus disease 2019 (COVID-19),2021). There is no specific age group spared from the virus. The majority of individuals are asymptomatic or with mild forms of diseases (Coronavirus disease 2019 (COVID-19),2021). COVID-19 respiratory droplets and close contact can transmit this disease. This disease is known to infect human cells through its solid glycosylated increase in proteins S1 fraction with receptor binding domain, which inhibits angiotensin-converting enzyme two receptors (Coronavirus disease 2019 (COVID-19),2021).

After the virus is attached to the receptor, the SARS CoV-2 protease cleavage site with SPRR insertion on the spike protein will be recognized and expressed on host cells to expose the fusion protein (Coronavirus disease 2019 (COVID-19),2021). When that happens, the virus gains access through the esophageal and intestinal epithelium. When the virus reaches the host cell, it begins to damage important cells like tissue repair. The virus's spread increases activated inflammation in the body until it runs its two-week course (Coronavirus disease 2019 (COVID-19),2021). Earlier on the virus, show non-specific signs of pulmonary edema, focal pneumocyte hyperplasia, focal chronic inflammatory infiltrates, and multinucleated giant cells with an absence of prominent hyaline membrane formation. As, the disease progress, there is diffuse alveolar damage with transparent hyaline membrane formation and severe pulmonary edema" (Coronavirus disease 2019 (COVID-19),2021). Symptoms of COVID include fevers, chills, shortness of breath, fatigue, runny nose, loss of taste and smell (Shanmugam et al., 2020). Complications of COVID include pneumonia and trouble breathing, organ failure, blood clots, and acute kidney injury (Shanmugam et al., 2020). Steps to prevent contacting COVID include avoiding close contact with anyone who is sick or has symptoms. Ensure to avoid crowds and indoor places with poor ventilation, wear a face mask in public areas, avoid touching your face, eyes, and mouth. You also want to ensure you are keeping up the excellent hand hygiene and washing for at least 20 seconds or using alcohol-based hand sanitizers (Shanmugam et al., 2020). To diagnose this virus, you have to get tested with a cotton swab in the nose or around the individual's throat. Other diagnostic test includes a complete blood count to investigate coagulation and fibrinolysis cascades (PT, aPTT, and D-dimers), and related inflammation parameters like ERS, CRP, ferritin, and procalcitonin (Shanmugam et al., 2020). Decreased lymphocytes and mild thrombocytopenia are the most common abnormal findings in a complete

blood count in COVID-19 patients (Shanmugam et al., 2020). Some COVID-19 patients have increased prothrombin time with a prolonged activated partial thromboplastin time. For the inflammatory factors, parameters are elevated significantly in the acute phases, showing elevation in erythrocyte sedimentation rate, C-reactive protein, and procalcitonin (Shanmugam et al., 2020). This patient has a complete blood count done to watch the white blood count levels for numerical and if anything starts to show infection in her system. The patient's labs showed red blood count was 80, which is low, along with her hemoglobin being 8.0 and hematocrit was at 24.6. The patient's high lab was her white blood cell count, which was at 14.8. There is no cure for COVID yet, and antibiotics are not effective enough to fight the virus entirely. The only drug present that is FDA approved is an antiviral drug called remdesivir (Veklury) to treat COVID-19. You also will need to quarantine for two weeks (14 days) to make sure others do not contract the virus from you. The patient is currently taking medication like meclizine hydrochloride to relieve pain and inflammation to treat her symptoms. The patient also has normal saline IV to increase her fluid intake.

Pathophysiology References (2) (APA):

Coronavirus disease 2019 (COVID-19). (2021, March 03). Retrieved March 14, 2021, from https://www.mayoclinic.org/diseases-conditions/coronavirus/diagnosis-treatment/drc-20479976

Shanmugam, C., Mohammed, A., Ravuri, S., Luthra, V., Rajagopal, N., & Karre, S. (2020, October). Covid-2019 - a comprehensive pathology insight. Retrieved March 14, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7498473/

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	**3.80-5.41**	**3.8**	**3.8**	
Hgb	**11.3-15.2**	**8.6**	**8.0**	**As fluid is collected in the lungs, they will carry less oxygen thus making the hemoglobin levels decrease in COVID-19 positive patients (Cavezzi, Troiani, & Corrao, 2020).**
Hct	**33.2-45.3**	**27.4**	**24.6**	**Patients COVID positive found significantly low hemoglobin due to patients with other health problems for this patient she has issues with hyperlipidemia (Cavezzi, Troiani, & Corrao, 2020).**
Platelets	**149-393**	**392**	**353**	
WBC	**4.0-11.7**	**12.8**	**14.8**	**Patient has a positive COVID result which is a virus infecting her body causing the WBC to increase (Mandal, 2020)**
Neutrophils	**45.3-79.0**	**77**	**73**	
Lymphocytes	**11.8-45.9**	**12.8**	**14.5**	
Monocytes	**4.4-12.0**	**8**	**8.8**	
Eosinophils	**0.0-6.3**	**1.2**	**2.2**	
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**	**138**	**141**	***No abnormalities**

K+	**3.5-5.1**	**4.2**	**4.1**	
Cl-	**98-107**	**99**	**N/A**	
CO2	**21-31**	**23**	**N/A**	
Glucose	**74-109**	**211**	**189**	
BUN	**7-25**	**68**	**60**	
Creatinine	**.84-1.21**	**3.09**	**3.10**	
Albumin	**3.5-5.2**	**3.5**	**N/A**	
Calcium	**8.6-10.3**	**8.5**	**7.7**	
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**	**120**	**N/A**	
AST	**13-39**	**N/A**	**N/A**	
ALT	**7-52**	**N/A**	**N/A**	
Amylase	**30-110**	**N/A**	**N/A**	
Lipase	**24-151**	**N/A**	**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**	**N/A**	**N/A**	***No culture completed**
pH	**5-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.030**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**0-5**	**N/A**	**N/A**	
RBC	**0-6**	**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**	**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):

Cavezzi, A., Troiani, E., & Corrao, S. (2020, May 28). COVID-19: Hemoglobin, iron, and HYPOXIA BEYOND inflammation. a NARRATIVE REVIEW. Retrieved April 07, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267810/

Mandal, D. (2020, October 20). The connection between Severe COVID-19 and white blood cell counts. Retrieved April 07, 2021, from https://www.news-medical.net/news/20201019/The-connection-between-severe-COVID-19-and-white-blood-cell-counts.aspx

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Chest X-ray: Findings included: mild cardiomegaly, pulmonary vascular congestion, no pneumonia or defined pleural effusion

Venous duplex lower extremities bilateral: Findings: normal flora, compressibility in common femoral vein, saphenofemoral junction, no evidence of intraluminal filing detected

Diagnostic Test Correlation (5 points): The patient has dyspnea on exertion, and she received a chest X-ray to assess any inflammation or inflammation in the lungs. The patient is having severe bilateral leg pain. The patient was also ordered a venous duplex of lower extremities to assess and evaluate swelling or distress symptoms or any suspected blood clots in the legs.

Diagnostic Test Reference (1) (APA):

Venous duplex ultrasound - Legs. (n.d.). Retrieved April 07, 2021, from https://www.cedars-sinai.org/programs/imaging-center/exams/vascular-ultrasound/venous-duplex-legs.html

Bhargava, H. (2021, February 03). Coronavirus: What happens to people's body if they get infected. Retrieved April 07, 2021, from https://www.webmd.com/lung/coronavirus-covid-19-affects-body#:~:text=Your%20lungs%20might%20become%20inflamed,oxygen%20and%20carbon%20dioxide.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Protonix/ pantoprazole**	**Rivaroxaban/xarelto**	**Amiodarone /Cordarone**	**Insulin gluisine/ apidra**	**(Busp buspi**
Dose	**40 mg**	**20 mg**	**200 mg**	**Low dose slide scale 1 unit**	**10 mg**
Frequency	**1x daily**	**2x daily**	**1x daily**	**Used before ingesting food or**	**BID**

				when glucose levels are extreme	
Route	**oral**	**oral**	**oral**	**subcutaneous**	**Oral**
Classification	**Proton pump inhibitor**	**Factor Xa inhibitor, anticoagulant**	**Benzofuran derivative, class III antiarrhythmic**	**Biosynthetic, rapid-acting human insulin**	**Antia agent**
Mechanism of Action	**Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump uses energy from the hydrolysis of ATPase. Inhibits the final step in gastric acid production by blocking the exchange of H+ and extracellular K+.**	**Selectively blocks the active site of factor Xa, which plays a central role in the cascade of blood coagulation.**	**Acts on cardiac cell membranes, prolonging repolarization, and the refractory period and raising ventricular fibrillation threshold.**	**Inhibits lipolysis and proteolysis, and enhance protein synthesis. The glucose lowering activities of APIDRA and of regular human insulin are equipotent when administered by the intravenous route.**	**Unkn Has mode affini brain dopar recep**
Reason Client Taking	**Reduce tightness in the chest**	**To reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation**	**To treat or prevent life-threatening, recurrent ventricular fibrillation**	**To control diabetes**	**Treat anxie think clearl relax, worry feel le jittery irrita**
Contraindications (2)	**Concurrent therapy with rilpivirine containing**	**Active pathological bleeding, hypersensitivity to rivaroxaban or its**	**Bradycardia that causes syncope (unless**	**Hypertension, hypoglycemia**	**Renal failur Hepa disea**

	products, hypersensitivity to pantoprazole	**components**	**pacemaker present), cardiogenic shock**		
Side Effects/Adverse Reactions (2)	**Anxiety, abdominal pain**	**Anxiety, GI bleeding**	**Abnormal gait, confusion**	**Purities, rash**	**Chest short breat**
Nursing Considerations (2)	**Educate patient to not breast feed while taking the drug, watch vital signs**	**Take this medication on schedule, put patient on bleeding precautions**	**Monitor for extended period of time when dose adjust, monitor serum levels**	**Do not inject into areas that are reddened, rash, itching or dimpling, monitor for hypoglycemia**	**Do no admi with grape juice, Instru patie avoid alcoh anoth CNS depre**

Hospital Medications (5 Required):

Brand/Generic	**Diazepam/ valium**	**Meclizine hydrochloride/Anti vert**	**Aspirin/ Acetylsalicyl ic acid**	**Lopressor / metoprolo**	**Apresoline/ hyldralazine**

				l	
Dose	**5mg**	**25mg**	**325 mg**	**50 mg**	**10 mg**
Frequency	**1x daily**	**As needed (for dizziness)**	**1x (BID)**	**1 tab ER daily**	**QID 1 tab**
Route	**Oral**	**oral**	**oral**	**oral**	**oral**
Classification	**Benzodiazepine, anticonvulsant**	**NSAID, analgesic**	**NSAID, salicylate**	**Beta blocker**	**Vasodilator**
Mechanism of Action	**May potentiate effects of gamma-aminobutyric acid (GABA) & other inhibitory neurotransmitters by binding to specific benzodiazepine, receptors in cortical & limbic areas of CNS.**	**Blocks cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate the inflammatory response and cause local pain, swelling, and vasodilation**	**Blocks the activity of cyclooxygenase The enzyme needed for prostaglandin synthesis.**	**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.**
Reason Client Taking	**To relieve anxiety**	**To relieve pain and inflammation in rheumatoid arthritis & osteoarthritis**	**To relieve fever and pain**	**To treat high blood pressure**	**To relax the muscle in your blood vessels to help then dilate**
Contraindications (2)	**Acute angle closure glaucoma, severe hepatic**	**Hypersensitivity to aspirin, iodides**	**Active bleeding or coagulation disorders**	**Diabetes, low blood sugar**	**Allergy to medication, coronary artery disease**

	impairment				
Side Effects/Adverse Reactions (2)	**Blurred vision, dry mouth**	**Seizures, MI**	**GI bleeding, confusion**	**dizziness,**	**Headache, loss of appetite**
Nursing Considerations (2)	**Assess for occult blood, Assess liver enzymes**	**Advise patient to avoid alcohol, report prolong fatigue, dry mouth**	**Assess pain an hour before medication, Assess other medication interactions**	**Do not stop medication abruptly, Do not crush medication**	**Monitor hypertension, encourage regular exercise**

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** **time, place, situation, person (A&O x4)** **No distress** **Well-groomed and appropriately dress**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Usual for ethnicity** **Dry/scales and cracking** **Warm- on the back of your legs** **Normal turgor 3+** **Rashes present- on lower extremities: redness around both calves** **One bruise on left forearm** **Braden score: 17**
HEENT (1 point): **Head/Neck:** **Ears:**	 **Symmetry of skull and face, trachea is midline** **Tympanic membrane pearly gray**

Eyes: **Nose:** **Teeth:**	**Pupil size- 2+, no sign of drainage** **Symmetrical, no polyps, drainage or redness** **Pink, moist mucosa, yellowing of teeth**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☒** **Location of Edema:**	 **S1 and S2 present, no murmurs, gallops, bruits, or rubs heard** **2+** **Less than or equal to 3** **Pitting Edema +1**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Respirations are regular and unlabored.** **Anterior and posterior: clear 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 at home** **Low carb diet at the hospital (patients preference)** **162.5 cm** **130.4 kg** **Bowel sounds are active** **Last BM was March 8thth** **Palpations of abdomen shown to be soft, non-tender, abdomen described as rounded** **No abnormalities found: distention, incisions, scars, drains, wounds.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:**	 **Yellow** **Clear** **115 mL**

Catheter: Y ☐ N ☒ **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Nail bed pink, extremities warm** **Active** **No assistive devices** **5- Active motion against full resistance** **40** **Patient able to independently move with standby assistance.**
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** **Clear** **No neurological deficiencies** **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, listening to music and watching a good movie. Patients religious preference is Protestantism, this religion is everything to her as she states , and has been for 3 years now. Patient doesn't have any family but considers the residents at Brookstone her family.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	82 bpm	168/82	14	36.2	95
1000	95 bpm	154/70	18	36.5	95

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	**Numeric**	**Lower extremities**	**3**	**tenderness**	**The use of medication to reduce the pain**
1000	**Numeric**	**Lower extremities**	**3**	**Tenderness, dull sometimes sharp**	**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:	Left forearm
Date on IV:	3/6/21
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)
Food: scrambled eyes, a banana, a mini blueberry muffin- Pt consumed 100% **100mL of milk**	**Pt voided after I entered the entered the room, but not during my clinical time-** **BM: 0x- Pt has not had a BM since March 8th**

Nursing Care

Summary of Care (2 points):

Overview of care: Patient has been very calm and cooperative throughout her stay at Sarah Bush Lincoln Hospital. The patient has been stated to be making progress, patient came into the hospital for pain in her lower extremities but tested positive for COVID-19.

Patient has made goals and met them for example her goal was to be able to sit up at the side of the bed and it was accomplished during my time on the floor.

Procedures/testing done: COVID-19 test done: result: Patient was positive.

Complaints/Issues: Patient complains of lower extremity pain.

Vital signs (stable/unstable): Patients vital signs are stable the last time I took them but was reading an elevated blood pressure earlier in the morning.

Tolerating diet, activity, etc.: Patient is on a low carb diet (1500-1700) but her preference she stated.

Physician notifications: Physician states patient is doing well but would like to keep monitoring her glucose levels because they are pretty high.

Future plans for patient: Patient will return back to Brookstone once she is COVID-19 negative.

Discharge Planning (2 points)

Discharge location: Brookstone Assisted Living in Mattoon

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up plan not in motion yet due to patient still being COVID-19 positive.

Education needs: Patient needs education on his glucose levels. Patient needs to know the importance of taking her insulin and making sure she is watching the foods she eats to not increase her sugar levels.

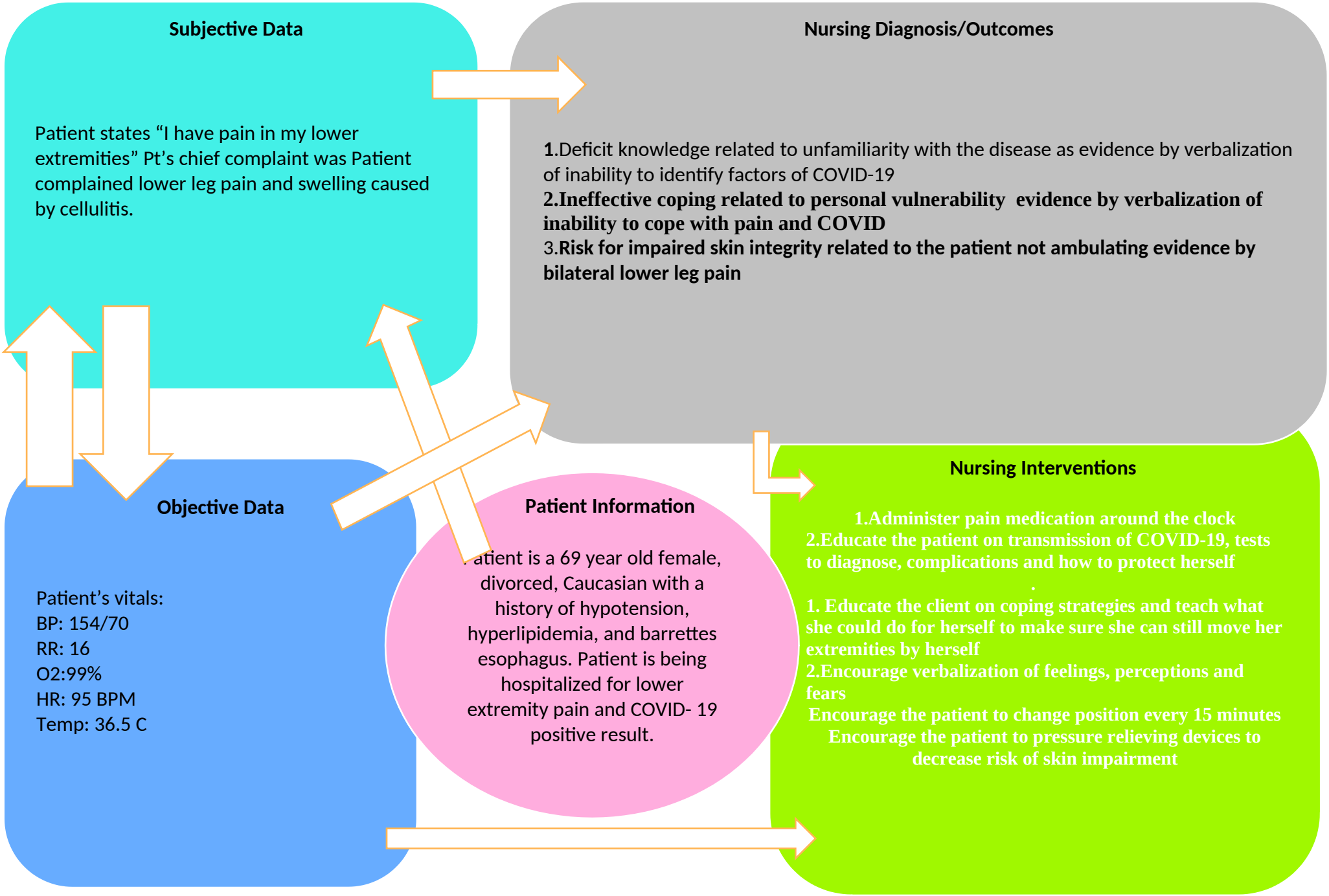
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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.Deficit knowledge related to unfamiliarity with the disease as evidence by verbalization of inability to identify factors of COVID-19	**The patient has visible red, non-pitting edema, and cracks on her lower extremities. The patient states she worries COVID will increase her symptoms because she will have to stay there until she is negative. The patient said she wasn't entirely sure what to do when her legs are in pain because they hurt when she ambulates him. The patient needs more teaching for when she is released.**	**1.Administer pain medication around the clock** **2.Educate the patient on transmission of COVID-19, tests to diagnose, complications and how to protect herself**	**The patient was able to meet her goal. The patient felted she was more knowledgeable on the disease and could state what she can do to prevent herself from contracting or transmitting the disease. The patient said, "I feel better knowing what to do when I am released from the hospital." Pt was able to identify her leg pain is a complication of COVID-19.**
2.Ineffective coping related to personal vulnerability evidence by verbalization of inability to	**The patient has concerns about COVID influencing her not to do what she wants to do or be taken care**	**1. Educate the client on coping strategies and teach what she could do for herself to make sure she can still move her extremities by herself**	**The patient practically meets her goal. The patient stated she had more of an understanding of what she could do to improve her daily activities and**

cope with pain and COVID	**of as often due to having the virus. The patient states, "I feel so secluded and fear I have to pee and wait for someone to suit up to come to take care of me, I appreciate it, but it makes me nervous."**	**2.Encourage verbalization of feelings, perceptions and fears**	**adjust to her new lifestyle. The patient said, "I feel better about being here now that we talked and know I can still maintain sanity while being in here due to COVID."**
3. Risk for impaired skin integrity related to the patient not ambulating evidence by bilateral lower leg pain	**The patient is in the hospital for lower extremity pain and COVID-19 positive result. The patient states she only ambulates when the therapy team comes around and when she has to use the bathroom, so not very often. She expresses she would like to be able to move and. Sit herself up at the side of the bed to be able to keep moving and not lying in bed all day and night**	**1. Encourage the patient to change position every 15 minutes** **2. Encourage the patient to pressure relieving devices to decrease risk of skin impairment**	**The patient's goal was achieved, and she was able to it up at the side of the bed. The patient started to try to move onto her side as much as possible and expressed she was happy to do so because she just stayed lying in bed at the beginning of her admission.**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient states “I have pain in my lower extremities” Pt’s chief complaint was Patient complained lower leg pain and swelling caused by cellulitis.
Nursing Diagnosis/Outcomes
1.Deficit knowledge related to unfamiliarity with the disease as evidence by verbalization of inability to identify factors of COVID-19
2.Ineffective coping related to personal vulnerability evidence by verbalization of inability to cope with pain and COVID
3.Risk for impaired skin integrity related to the patient not ambulating evidence by bilateral lower leg pain
Objective Data
Patient’s vitals:
BP: 154/70
RR: 16
O2:99%
HR: 95 BPM
Temp: 36.5 C
Patient Information
Patient is a 69 year old female, divorced, Caucasian with a history of hypotension, hyperlipidemia, and barrettes esophagus. Patient is being hospitalized for lower extremity pain and COVID- 19 positive result.
Nursing Interventions
1.Administer pain medication around the clock
2.Educate the patient on transmission of COVID-19, tests to diagnose, complications and how to protect herself
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1. Educate the client on coping strategies and teach what she could do for herself to make sure she can still move her extremities by herself
2.Encourage verbalization of feelings, perceptions and fears
Encourage the patient to change position every 15 minutes
Encourage the patient to pressure relieving devices to decrease risk of skin impairment