N431 Care Plan # 3

Lakeview College of Nursing

Kimberly Bachman

Demographics (3 points)

Date of Admission 4/5/21	Patient Initials NP	Age 73 years old	Gender F
Race/Ethnicity Caucasian	Occupation House wife	Marital Status Widow since 2007	Allergies Flu vaccine HPV vaccine Amoxicillin Buspar Demerol Bupropion Clonazepam Keflex Sulfa Antibiotics Talwin
Code Status Full	Height 5’ 5”	Weight 360 lb	

Medical History (5 Points)

Past Medical History: Hypothyroidism, Chronic Obstructive Pulmonary Disorder(COPD), Anxiety, Asthma, Gastroesophageal Reflux Disease(GERD), Diabetes Mellitus Type 1, Fatigue, Fibromyalgia, Hypertension(HTN), Irritable Bowel Syndrome(IBS), Osteoarthritis, Sleep apnea, thrush, Left Hip sprain

Past Surgical History: Cholecystectomy, Dilation and Curettage of Uterus, Hysterectomy, Bronchoscopy

Family History:

Mother- Chronic Lung Disease

Father- Chronic Lung Disease, Asthma

Brother- Heart Attack

Daughter- Bipolar Type 1, Arthritis

Social History (tobacco/alcohol/drugs):

Cigarettes: 9 pack year, quit 30 years ago

Drug: Marijuana drug use recreationally

Alcohol: No use

Assistive Devices: Hoyer lift/power chair

Living Situation: Lives at home alone and was able to move independently with a walker, Weekly Nurse Home visits

Education Level: GED, no college, raised her kids at home

Admission Assessment

Chief Complaint (2 points): Generalized Pain and Bilateral Erythema

History of present Illness (10 points):

A 73-year-old female client presented to the emergency department at 1900 on 4/5/21 with generalized pain and weakness after a fall at church. Client has a medical history of Hypothyroidism, COPD, Anxiety, Asthma, GERD, DM Type 1, Fatigue, Fibromyalgia, HTN, IBS, Osteoarthritis, sleep apnea, thrush, and a Left Hip sprain. The client states, "I am not able to get out of bed on my own anymore because I am currently weak from a fall at church on 4/3/21." Her generalized pain is 10/10 but did not subside when the client took Tylenol at home. The client was driven to the emergency department by ambulance. The client was given one dose of Vancomycin and admitted to the medical-surgical unit.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Bilateral Cellulitis

Secondary Diagnosis (if applicable): Fall

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

Cellulitis is a bacterial skin infection that is very common in the United States, with over 14 million cases, and usually occurs in older adults (Cellulitis, 2020). It usually presents with an erythematous area that is warm, edematous, and tender upon palpation. It causes inflammation into the deep dermis and surrounding subcutaneous tissue. It is most common on the extremities and can develop around the mouth, anus, stomach, and eyes. Group A Beta – hemolytic streptococcus, Streptococcus pneumoniae, and Staphylococcus aureus are the typical causes of cellulitis. The infection typically will enter through broken-down skin and can occur from injuries that happen in water, trauma, immunocompromised, surgery, or bites from animals or humans (Cellulitis, 2021). For this client, her comorbidity of diabetes will make it easier to be infected. Lymphedema, chronic edema, skin injuries, surgical incisions, insect bites, animal bites, comorbidities, IV puncture sites, immunocompromised clients, or any skin opening are risk factors (Cellulitis, 2020). Clients who have lymphedema are at higher risk due to damage to lymphatic vessels, causing an immune deficiency.

The normal skin flora is a protective barrier that prevents microbial pathogens. If the skin breaks, bacteria can enter into the dermis and subcutaneous tissue, leading to an acute superficial infection called cellulitis. The cytokine and neutrophil's response to the inflammation indicates the infection. The production of peptides and keratinocyte proliferation also indicate infection (Cellulitis, 2020). Signs and symptoms include nausea, vomiting, fever, rigors, and can form edema and bulla formation (Cellulitis, 2020). Labs that will detect possible infection would have complete blood count significantly elevated neutrophil count. C-reactive protein is high, blood cultures will be abnormal, and procalcitonin levels increase, showing a bacterial infection. Imaging is not usually

warranted because it is not a reliable diagnostic tool for cellulitis. Antibiotics usually cure cellulitis, but it can be fatal, causing a septic infection or shock, gangrene, amputations, and death if it is unnoticed. It is imperative to catch the infection in time; however, for this client, the client was unaware of it and was confused that the home health nurse didn't notice it.

Ways to prevent cellulitis include wearing compression stockings, exercise promotion, maintaining good hand hygiene, maintain body hygiene, and massaging due to promoting lymphatic drainage (Cellulitis, 2020). Medications that can treat cellulitis include oral antibiotic therapy with cephalexin, beta-lactamase inhibitors, clindamycin, MRSA antibiotics such as trimethoprim-sulfamethoxazole. IV antibiotics can also be used systemically for more progressive infections like Vancomycin which was used for this client (Cellulitis, 2020). The prognosis of cellulitis with correct antibiotic treatment can usually notice improvement within 48 hours, and there is an 18% approximate failure rate with initial antibiotic treatment (Cellulitis, 2020).

Pathophysiology References (2) (APA):

Cellulitis. (2020, November 16). Physiopedia, . Retrieved 22:13, April 10, 2021 from https://www.physio-pedia.com/index.php?title=Cellulitis&oldid=259593.

***Cellulitis*. (2021). https://www.hopkinsmedicine.org/health/conditions-and-diseases/cellulitis**

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	3.80-5.30	N/A	N/A	N/A
Hgb	12-15.8	13.3	N/A	N/A
Hct	26-47%	41.8	N/A	N/A
Platelets	140-440	262	N/A	N/A
WBC	4-12	7.7	N/A	N/A
Neutrophils	47-73%	N/A	N/A	N/A
Lymphocytes	18-42%	N/A	N/A	N/A
Monocytes	4-12%	N/A	N/A	N/A
Eosinophils	0.0-5.0%	N/A	N/A	N/A
Bands	0.0-5.0%	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-	133-144	139	N/A	N/A
K+	3.5-5.1	4.1	N/A	N/A
Cl-	98-107	98	N/A	N/A
CO2	21-31	33	N/A	Hypercapnia arises from having too much carbon dioxide in the blood due to breathing issues (Capriotti & Frizzell, 2016).
Glucose	60-100	276	331	Hyperglycemia due to Type 1 DM the client has and isn't able to regulate her sugars (Capriotti & Frizzell, 2016).
BUN	7-25	23	N/A	N/A
Creatinine	0.50-1.20	1.18	N/A	Elevated creatinine shows impaired kidney function (Capriotti & Frizzell, 2016).
Albumin	3.5-5.7	3.8	N/A	N/A
Calcium	<5.7%	9.5	N/A	Hypercalcemia is found in the blood from bone break down most likely from osteoarthritis

				(Capriotti & Frizzell, 2016).
Mag	**1.6-2.6**	**N/A**	**N/A**	**N/A**
Phosphate	**3.4-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.0-1.2**	**N/A**	**N/A**	**N/A**
Alk Phos	**34-104**	**68**	**N/A**	**N/A**
AST	**13-39**	**N/A**	**N/A**	**N/A**
ALT	**7-52**	**11**	**N/A**	**N/A**
Amylase	**30-110**	**N/A**	**N/A**	**N/A**
Lipase	**0-59**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.36-1.25**	**N/A**	**N/A**	**N/A**
Troponin	**0-0.4**	**<0.030**	**N/A**	**N/A**
CK-MB	**3-5%**	**N/A**	**N/A**	**N/A**
Total CK	**22-198**	**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	**0.8-1.1**	**1.3**	**N/A**	**Elevated prothrombin time would explain an easy bleeding risk because it's taking longer for the blood to clot (Capriotti & Frizzell,**

				2016).
PT	**11-13.5 sec**	**16.4**	**N/A**	**Elevated international normalized ratio would explain an easy bleeding risk because it's taking longer for the blood to clot but this is more of a calculation (Capriotti & Frizzell, 2016).**
PTT	**25-35 sec**	**40**	**N/A**	**Elevated partial thromboplastin tests every function of the clotting factors, it show the time the intrinsic pathway of the clotting cascade Elevated creatinine shows impaired kidney function (Capriotti & Frizzell, 2016).**
D-Dimer	**<250 ng/mL or <0.4 mcg/ mL**	**N/A**	**N/A**	**N/A**
BNP	**<125**	**N/A**	**N/A**	**N/A**
HDL	**>40**	**N/A**	**N/A**	**N/A**
LDL	**<100**	**N/A**	**N/A**	**N/A**
Cholesterol	**125-200**	**N/A**	**N/A**	**N/A**
Triglycerides	**<150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**<5.7%**	**N/A**	**N/A**	**N/A**

TSH	**0.5-5.0**	**N/A**	**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	**Clear/ Yellow**	**N/A**	**Hazy/Yellow**	**N/A**
pH	**5.0-9.0**	**N/A**	**5.0**	**N/A**
Specific Gravity	**1.003-1.030**	**N/A**	**1.015**	**N/A**
Glucose	**+/-**	**N/A**	**-**	**N/A**
Protein	**+/-**	**N/A**	**-**	**N/A**
Ketones	**+/-**	**N/A**	**-**	**N/A**
WBC	**+/-**	**N/A**	**-**	**N/A**
RBC	**+/-**	**N/A**	**-**	**N/A**
Leukoesterase	**+/-**	**N/A**	**-**	**N/A**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.35-7.45**	**N/A**	**N/A**	**N/A**
PaO2	**80-100**	**N/A**	**N/A**	**N/A**
PaCO2	**35-45**	**N/A**	**N/A**	**N/A**
HCO3	**22-28**	**N/A**	**N/A**	**N/A**
SaO2	**94-100**	**N/A**	**N/A**	**N/A**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**+/-**	**N/A**	**N/A**	**N/A**
Blood Culture	**+/-**	**-**	**-**	**No growth**
Sputum Culture	**+/-**	**N/A**	**N/A**	**N/A**
Stool Culture	**+/-**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Capricotti, T., & Frizzell, J.P. (2016). Pathophysiology: Introductory Concepts and Clinical Perspectives. F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Bilateral XR Knee 2 View: Ordered to rule out joint abnormalities

Findings: Bilateral Tricompartmental osteoarthritis

EKG: Ordered to rule out abnormalities of the heart

Findings: Normal Sinus Rhythm

Atrial rate: 67

QRS duration: 112

QTC calculation: 479

QT duration: 454

R axis: 5

T axis: 63

P axis: 96

P-R interval: 170

Ventricular rate: 67

Diagnostic Test Correlation (5 points):

The purpose of a 12 EKG is to determine the heart's electrical conduction and determine if there are any abnormalities present. This clients EKG was normal.

The Bilateral XR Knee 2 view was done to rule out abnormalities of the knee joints such as trauma, suspected osteoarthritis, joint effusion, or infection to proceed with the correct diagnosis and show what conditions to treat.

Diagnostic Test Reference (1) (APA):

Capricotti, T., & Frizzell, J.P. (2016). Pathophysiology: Introductory Concepts and Clinical Perspectives. F.A. Davis Company.

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

Home Medications (5 required)

Brand/Generic	**Atorvastatin (Lipitor)**	**Budesonide-formoterol fumarate (Symbicort)**	**Furosemide (Lasix)**	**Gabapentin (Neurontin)**	**Insulin Glargine (Lantus)**
Dose	**20 mg**	**80-4.5 mcg**	**20 mg**	**600 mg**	**60 U**
Frequency	**QD**	**BID 2 puffs**	**BID**	**TID**	**QD**
Route	**PO**	**Inhalation**	**PO**	**PO**	**Subcutaneous**
Classification	**Anti-hyperlipidemia**	**Steroid**	**Diuretic**	**Anticonvulsant**	**Long acting insulin**
Mechanism of Action	**Reduces plasma cholesterol and lipoprotein levels**	**Reduces inflammation in the body**	**Inhibits the reabsorption of sodium chloride from the loop of Henle and distal renal tubule, increases renal excretion of electrolytes**	**Prevent neuropathic pain**	**Control high blood sugar**
Reason Client Taking	**High Cholesterol**	**COPD**	**Hypertension**	**Neuropathic pain**	**Type 1 DM**
Contraindications (2)	**Active hepatic disease,**	**Do not take with grapefruit**	**Cross-sensitivity with**	**Do not take if diagnosis of respiratory**	**Do not take if experiencing**

	breastfeeding	**juice, store medication in a dry place**	**thiazides and sulfonamides, do not take with alcohol**	**illnesses such as COPD, do not take if diagnosis of mental illness**	**hypoglycemia, do not take if client has peripheral edema or weight gain**
Side Effects/Adverse Reactions (2)	**Amnesia, hyperkinesia**	**Easy bleeding, difficulty breathing**	**Blurred vision, hypotension**	**Ataxia, fatigue, diplopia, aggressive behavior, cough**	**Hypokalemia, hypoglycemia**
Nursing Considerations (2)	**Use cautiously with alcohol consumption, expect to measure lipid levels frequently**	**Take with mouthpiece down, do not take more than 4 puffs in a day**	**Take with food/milk to decrease gastric irritation, give medication no later than late afternoon in order to prevent nocturia**	**Assess orientation, assess level of consciousness**	**Administer 5-10 min before meals, rotate injection sites**
Key Nursing Assessment(s)/Lab (s) Prior to Administration	**Cholesterol, lipid profile**	**If dose is missed skip the dose**	**Assess fluid status, increased risk for fall**	**Assess behavior**	**Blood glucose, Hgb A1C**
Client Teaching needs (2)	**Take at the same time each day, do not break tablet**	**Inform this is not an emergency medication, take medication with a full glass of water**	**Contact primary if there is weight gain more than 3 lb. in one day, reinforce the need to continue taking medication**	**Monitor for signs and symptoms of toxicity, call provider if having slow breathing**	**Administer 5-10 min before meals, rotate injection sites**

Hospital Medications (5 required)

Brand/Generic	**Apixaban (Eliquis)**	**Hydrocodone-acetaminophen (Norco)**	**Celecoxib (Celebrex)**	**Acetaminophen (Tylenol)**	**Alprazolam (Xanax)**
Dose	**5 mg**	**5-325 mg**	**100 mg**	**650 mg**	**1 mg**
Frequency	**BID**	**Q4H PRN**	**QD**	**Q4H PRN**	**TID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Anticoagulant**	**Opioid**	**NSAID**	**Nonopioid analgesic**	**Antianxiety BENZO**
Mechanism of Action	**Acts as selective, reversible site inhibitor of factor Xa.**	**Binds to and activates the mu-opioid receptor in the central nervous system**	**Manage acute pain by inhibiting enzyme COX-2**	**Decrease pain/fever**	**Enhances the effects of GABA in the brain.**
Reason Client Taking	**Blood thinner for preventing clots**	**Pain management**	**Relief from osteoarthritis**	**Mild pain/more severe pain**	**Anxiety**
Contraindications (2)	**Active bleeding, severe hepatic impairment**	**Asthma, blockage in stomach or intestines**	**Advanced renal disease, Severe hepatic dysfunction**	**Hypersensitivity, severe hepatic impairment**	**Shortness of breath, depression, glaucoma**
Side Effects/Adverse Reactions (2)	**Bleeding, anaphylaxis**	**Noisy breathing, confusion**	**Dizziness, MI, stroke, thrombosis**	**Hepatotoxicity, severe renal impairment**	**Depressed mood, racing thoughts, confusion, agitation**
Nursing Considerations (2)	**Moderate hepatic impairme**	**Do not crush, break, do not open capsule**	**Monitor blood pressure,**	**Monitor liver function studies.**	**Assess for suicidal ideations,**

	nt, moderate renal impairment		**monitor cardiovascular issues**	**Monitor renal function studies.**	**restlessness may occur**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Assess for symptoms of stroke, DVT, bleeding, PT INR labs decreased then do not take**	**Renal function tests, liver functions tests**	**Renal function tests, liver function tests, Assess ROM, assess for swelling**	**Pain level, liver and renal studies**	**Monitor for suicidal attempts, monitor for addiction**
Client Teaching needs (2)	**Easy bruising, notify is severe allergic reaction**	**Know adverse effects, may need to take with laxative**	**Notify if GI toxicity with symptoms of abdominal pain/black stools, may cause hypertension**	**Do not drink alcohol while on medication, do not take if breastfeeding**	**Advise about respiratory depression, do not drive or operate heavy machinery**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A/O x 4** **Complains of generalized pain 6/10 and is grimacing** **Overall well groomed** **Weak appearance with grimacing**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:.** **Braden Score: 8** **Drains present: Y☐ N ☒** **Type: N/A**	**Caucasian** **Moist, clean, intact** **Temp is normal at 98.1 F** **No tenting, good skin turgor** **Bilateral cellulitis with hemocyteristaining with 1 unspecified wound noted on left lower extremity, no drainage:** **Length: 15 cm** **Width: 28 cm** **Depth: 0 cm** **Una boot applied by wound nurse to facilitate healing of left leg wound** **Mild bruising located on both arms with bilateral swelling, pain 6/10** **Braden Score: 8**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head is normocephalic, no lesions/lacerations** **No redness, no drainage, no swelling** **No ocular drainage/ redness/irritation** **No redness or drainage** **Intact, oral mucosa pink/moist** **Normal dentition** .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:+2** **Capillary refill: <3 sec** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: N/A**	**12 lead EKG showed Normal sinus rhythm 76 bpm** **Heart sounds S1/S2 heard, no murmurs** **No clicks/gallops** **+2 strong pulses bilaterally: radial, carotid, brachial, femoral, popliteal, posterior tibial, and dorsalis pedis** **No neck vein distention** **No edema noted**
RESPIRATORY (2 points):	**Diaphragmatic breathing**

Accessory muscle use: Y☒ N ☐ **Breath Sounds: Location, character**	**No adventitious breath sounds/equal bilaterally in all lung fields** **Shortness of breath upon exertion** **97% O2 on 2L nasal cannula**
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: N/A** **Feeding tubes/PEG tube Y ☐ N ☒** **Type: N/A**	**Normal diet no restrictions at home** **5' 5"** **360 lbs.** **Normoactive bowel sounds are heard in all four quadrants** **No pain/mass on abdomen are palpable** **No abnormalities noted** **No abdominal distension** **No incisions, no scars, drains, ostomy, or NG** **No feeding tubes or PEG tubes** **Last normal soft bowel movement was 4/6/21 in the AM**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Urine is yellow/clear with no abnormalities** **Input: 120 ml water PO** **Output: 60 ml urine** **No odor, no dysuria, no dialysis, no abnormalities noted, no catheter** **Urinary incontinence**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength: 2/5 bilaterally for all extremities** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 23** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒**	**Appropriate for situation A/O x 4** **Passive ROM bilateral all extremities** **Needs Hoyer Lift due to generalized weakness** **Strength is 2/5 bilaterally for all extremities** **Fall Score: 23 (High)** **No numbness, tingling, or sensation**

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:**	**Limited ROM** **No numbness/tingling** **No sensory deficits** **All extremities 2/5 strength due to recent fall** **Speech is clear and normal** **A/O x4** **Appropriate for developmental stage (no deficits)**
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):**	**Widow** **House wife, took care of her kids** **Christian** **Developmental level is appropriate for 73 y/o adult** **Family is not supportive/ client stated " my children and I are not on speaking terms right now"** **Uses relaxation techniques such as slow breathing, seeks out support from this nurse as coping methods**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**76**	**147/86**	**20**	**98.1**	**97% Nasal cannula 2L**
1100	**58**	**124/73**	**20**	**97.7**	**97 % Nasal cannula 2L**

Vital Sign Trends: The vital signs taken during the clinical time were stable for this patient.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**Numeric**	**Generalized**	**6/10**	**Frequent aching**	**Norco**
1100	**Numeric**	**Generalized**	**3/10**	**Slight aching**	**Rest**

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:**	**4/5/21 Left metacarpal peripheral vein, single lumen saline locked** **Patent and blood return present, some erythema, flushed without difficulty, no signs of infiltration, no drainage, coolness, puffiness, blanching** **Slight tenderness when touched** **Dressing is clean, dry, and intact**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
120 ml water PO	**60 ml urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Assessed vital signs, changed bed linens, and hygiene care done. We discussed home life, how to promote good health habits, and how to do range of motion

exercises. Prescribed medications were administered without difficulty and explained to the client.

Procedures/testing done: None

Complaints/Issues: Generalized pain especially pointed out in upper and lower extremities

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.:

Regular diet at home with no restrictions

Activity is limited due to fall and generalized pain

Physician notifications: Client asked for other pain relief measures and ways to increase her strength in upper and lower extremities (PT/OT). Needs to be provided with advice and correction on the use of Vicks vapor rub. Client stated "I have been using Vicks rub on my wound on my left leg and it usually clears it up, but I don't understand why my home health nurse didn't tell me it was so bad."

Future plans for patient:

The client is to follow up with physician in 1 week to discuss further health promotion and treatments for cellulitis and pain.

Focus on comfort

Discharge Planning (2 points)

Discharge location: Client will be admitted into a rehabilitation home to ensure PT/ OT and health needs are met.

Home health needs (if applicable): Rehab Facility

Equipment needs (if applicable): Will need Hoyer lift for transfer until strength is 5/5 for all extremities from PT/OT

Follow up plan: The client is to follow up with physician in 1 week to discuss further health promotion and treatments for cellulitis and pain.

Education needs:

Using prescribed and proper medications

Signs and symptoms of declining health

Proper dressing treatment with Una boot

ROM exercises

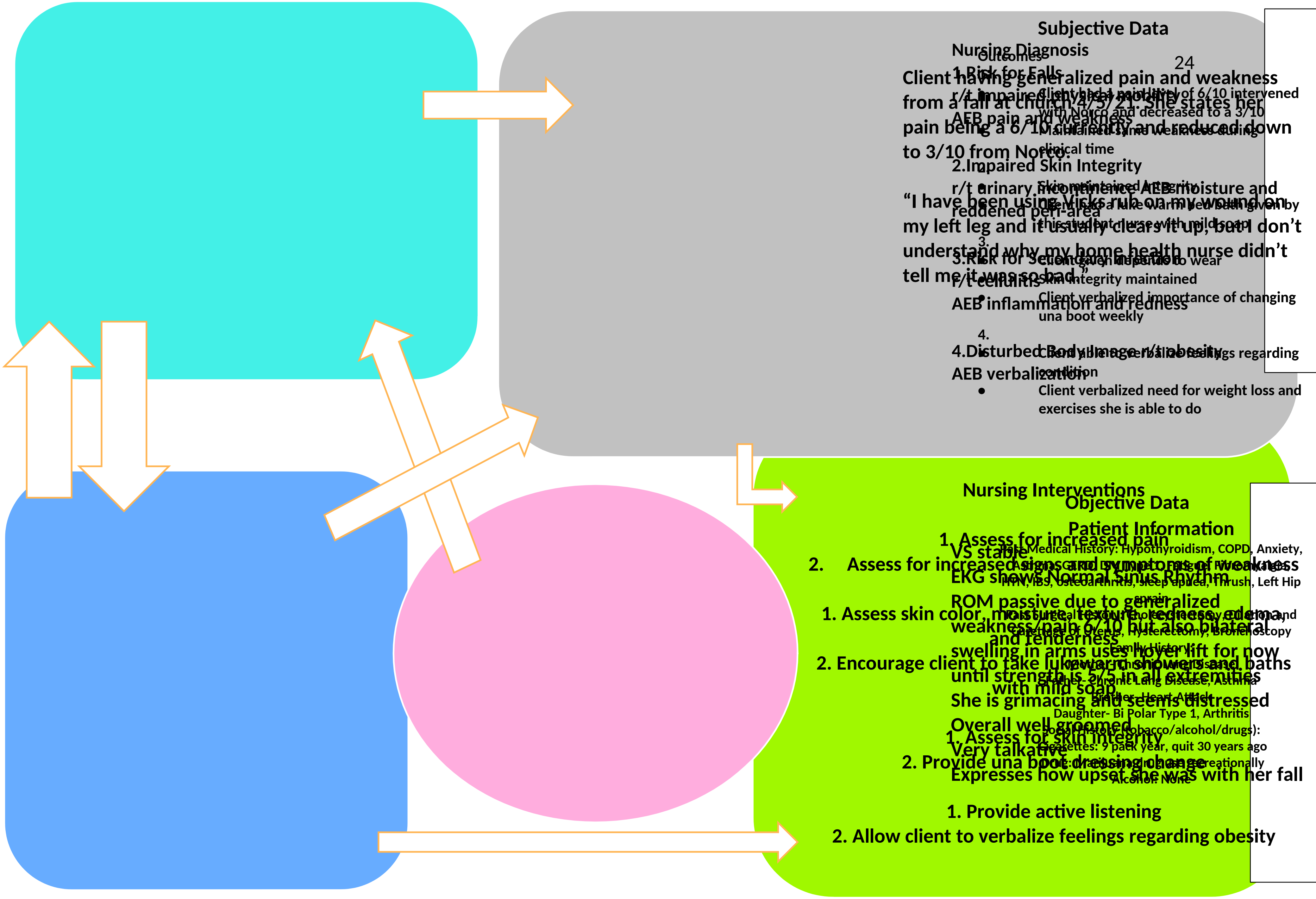
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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 Falls r/t impaired physical mobility AEB pain and weakness	Client has a risk for falls due to history and pain and weakness	1.Assess for increased pain 2. Assess for increased signs and symptoms of weakness	• Client had a pain level of 6/10 intervened with Norco and decreased to a 3/10 • Maintained same weakness during clinical time
2. Impaired Skin Integrity r/t urinary incontinence	Client is at risk for skin breakdown.	1. Assess skin color, moisture, texture, redness, edema, and	• Skin maintained integrity • Client had a luke warm bed bath

AEB moisture and reddened peri-area		**tenderness** **2.Encourage client to take lukewarm showers and baths with mild soap**	**given by this student nurse with mild soap** • **Client given depends to wear**
3. Risk for Secondary Infection r/t cellulitis AEB inflammation and redness	**Client is at risk for a secondary infection due to wound on left lower extremity**	**1. Assess for skin integrity** **2.Provide una boot dressing change**	• **Skin integrity maintained** • **Client verbalized importance of changing una boot weekly**
4. Disturbed Body Image r/t obesity AEB verbalization	**Client is obese with difficulty moving**	**1.Provide active listening** **2. Allow client to verbalize feelings regarding obesity**	• **Client able to verbalize feelings regarding condition** • **Client verbalized need for weight loss and exercises she is able to do**

Other References (APA):

Concept Map (20 Points):


Subjective Data
Client having generalized pain and weakness from a fall at church 4/5/21. She states her pain being a 6/10 currently and reduced down to 3/10 from Norco.
"I have been using Vicks rub on my wound on my left leg and it usually clears it up, but I don't understand why my home health nurse didn't tell me it was so bad."
Nursing Diagnosis
1.Risk for Falls
r/t impaired physical mobility
AEB pain and weakness
2.Impaired Skin Integrity
r/t urinary incontinence AEB moisture and reddened peri-area
3.Risk for Secondary Infection
r/t cellulitis
AEB inflammation and redness
4.Disturbed Body Image r/t obesity
AEB verbalization
Outcomes
1.
• Client had a pain level of 6/10 intervened with Norco and decreased to a 3/10
• Maintained same weakness during clinical time
2.
• Skin maintained integrity
• Client had a luke warm bed bath given by this student nurse with mild soap
3.
• Client given depends to wear
• Skin integrity maintained
• Client verbalized importance of changing una boot weekly
4.
• Client able to verbalize feelings regarding condition
• Client verbalized need for weight loss and exercises she is able to do
Nursing Interventions
1. Assess for increased pain
2. Assess for increased signs and symptoms of weakness
1. Assess skin color, moisture, texture, redness, edema, and tenderness
2. Encourage client to take lukewarm showers and baths with mild soap
1. Assess for skin integrity
2. Provide una boot dressing change
1. Provide active listening
2. Allow client to verbalize feelings regarding obesity
Objective Data
VS stable
EKG shows Normal Sinus Rhythm
ROM passive due to generalized weakness/pain 6/10 but also bilateral swelling in arms uses hoyer lift for now until strength is 5/5 in all extremities
She is grimacing and seems distressed
Overall well groomed
Very talkative
Expresses how upset she was with her fall
Patient Information
Past Medical History: Hypothyroidism, COPD, Anxiety,
HTN, IBS, osteoarthritis, sleep apnea, Thrush, Left Hip sprain
Curettage of Uterus, Hysterectomy, Bronchoscopy
Family History:
Father- Chronic Lung Disease, Asthma
Brother- Heart Attack
Daughter- Bi Polar Type 1, Arthritis
Social History (tobacco/alcohol/drugs):
Cigarettes: 9 pack year, quit 30 years ago
Alcohol: None