

N441 Care Plan

Lakeview College of Nursing

Lindsey Ball

**Demographics (3 points)**

<b>Date of Admission</b> 3/23/2021	<b>Patient Initials</b> EH	<b>Age</b> 61	<b>Gender</b> female
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> unemployed	<b>Marital Status</b> single	<b>Allergies</b> aspirin
<b>Code Status</b> Full code	<b>Height</b> 158.75 cm	<b>Weight</b> 70 kg	

**Medical History (5 Points)**

**Past Medical History:** alcohol abuse, benign hypertension, depression, GERD, hip pain bilaterally, migraines

**Past Surgical History:** EGD biopsy, colonoscopy with biopsy

**Family History:** She stated her mother is deceased and had hepatitis; she had a stroke waiting on a transplant. Her father and her brother both have a history of alcohol abuse.

**Social History (tobacco/alcohol/drugs):** has 1-2 drinks a day, denies smoking or any drug use

**Assistive Devices:** none

**Living Situation: Education Level:** high school

**Admission Assessment**

**Chief Complaint (2 points):** SOB, abdominal pain with nausea and vomiting

**History of present Illness (10 points):**. The patient presented to the ED with abdominal pain with nausea and vomiting for the past 3 days. She states the pain is sharp and constant in the middle of her abdomen. She rated it a 4 on the numeric scale. She tried to drink more alcohol to relieve the pain but nothing helped. The patient states she has not had a meal in over a week. She states she drinks a pint of whiskey daily including a pint before admission. She was brought in by her significant other who also had been drinking.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** alcoholic ketoacidosis

**Secondary Diagnosis (if applicable):** AKI

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

The pancreas produces insulin that turns into glucose that cells need to function properly. With alcoholism, the pancreas may stop producing insulin which means the cells do not receive the glucose it needs and the body will start to burn fat for that energy. As the body burns fat, ketones are produced. The buildup of ketones creates the condition of ketoacidosis. Alcoholic ketoacidosis can occur with long term excessive alcohol use. This is because of reduced nutrient intake, ethanol, and dehydration levels.

Alcoholic ketoacidosis affects the respiratory system because ketoacidosis is characterized by a low pH, a low  $\text{HCO}_3^-$ , and compensatory hyperventilation resulting in a low  $\text{pCO}_2$ . This leaves the patient with hypocapnia or Kussmaul's respirations. Alcohol also disrupts the respiratory status because alcohol interferes with the ciliary function in the bronchus and lungs. It affects the musculoskeletal system because high blood sugar leads to muscle cramping due to the elevation in glucose. It affects the neurosensory system because of alcohol and drunkenness which results in disturbance of consciousness. Alcoholic ketoacidosis can result in cardiovascular complications due to electrolyte imbalances concerning potassium, magnesium, and phosphorus. The heart is also susceptible to changes in pH of the intracellular fluid and in states of acidosis, there is an increase in hydrogen ions which if left untreated can result in necrosis in the myocardium. It affects the gastrointestinal system because alcohol causes vomiting and that causes stomach acids to be reverted backwards through the GI tract. This typically causes pain due to inflammation of the tissues. Vomiting can also cause strain to the

abdominal muscles. This is important because the GI system is where alcohol is absorbed into the bloodstream. Alcohol also damages cells in the GI tract and the lining of the stomach.

Malnourishment is often seen with alcoholics and starvation reduces body's insulin production which leads to endocrine disruption. It affects the renal system because alcohol reduces nutrient intake and leads to dehydration and that impairs ketone excretion in the urine. It could affect the reproductive system because alcoholism leads to carelessness with sexual activity which could result in pregnancy. It affects the integumentary system because the high blood sugar causes dry or flushed skin. It affects the endocrine system because ketoacidosis is an acid-base imbalance that is metabolic acidosis. Alcohol also diminishes hepatic gluconeogenesis and leads to decreased insulin secretion causing an elevated anion gap and hyperglycemia. Growth hormone, epinephrine, cortisol, and glucagon are also all increased. Alcohol disrupts immune functioning due to the brain not signaling an immune response to potential bacteria.

Signs and symptoms include abdominal pain, nausea, agitation and confusion, decreased in level of consciousness, fatigue, slow movement, Kussmaul's respirations, loss of appetite, nausea and vomiting, and dehydration. To diagnose ketoacidosis, the patient may have a raised anion gap, an increased lactic acid, and ketones are typically found in the urine. They also run a blood glucose test, BUN and creatinine tests, ABGs, and amylase and lipase levels to assess the functioning of the pancreas (Burke, 2018). Treatment includes IV fluids, thiamine, and electrolyte replacement with potassium, phosphorus, and magnesium. These patients are typically admitted to the ICU and the length of stay depends on the severity of the alcoholic ketoacidosis.

The patient presented to the ED with classic signs of diabetic ketoacidosis with abdominal pain and vomiting and nausea. The patient was already malnourished due to her

alcohol addiction, but she developed alcoholic ketoacidosis after binge drinking the pint of whiskey. She also had not eaten in at least a week, so her body was burning fat for energy. She appeared dehydrated and anxious. Her anion gap was 37.7 on admission and 26.4 today. Her ethanol toxicity was 61.9. Her urinalysis showed positive for ketones in her urine. Also, her lactic acid was 1.2. She also had Kussmaul's respirations. Her vital signs were tachypneic due to anxiety and nausea. She was also tachycardic because of anxiety. These labs are all consistent with her diagnosis of diabetic ketoacidosis. The patient was treated with IV fluids and thiamine in the ED.

### Pathophysiology References (2) (APA):

Burke, D. (2018, September 17). Alcoholic Ketoacidosis. Retrieved March 25, 2021, from <https://www.healthline.com/health/alcoholism/ketoacidosis#treatment>

Swearingen, P. L. (2018). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*. Place of publication not identified: MOSBY.

### Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.2	4.73	4.05	
Hgb	F:12-15 M: 14-16	15.4	13.4	
Hct	F:42-52 M:35-47	46.3	38.9	This patient is dehydrated (Hinkle, 2018).
Platelets	140-440	218	136	
WBC	4.0-11.0	14.8	5.1	This patient has an infection or

				inflammation (Hinkle, 2018).
<b>Neutrophils</b>	45-75%	88.5	80.1	This patient has an infection or inflammation (Hinkle, 2018).
<b>Lymphocytes</b>	20-40%	7.0	9.2	This patient has an infection or inflammation (Hinkle, 2018).
<b>Monocytes</b>	4-6%	4.1	10.5	This patient has an infection or inflammation (Hinkle, 2018).
<b>Eosinophils</b>	<7%	Labs not drawn	Labs not drawn	
<b>Bands</b>	<3%	Labs not drawn	Labs not drawn	

**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
<b>Na-</b>	135-145	134	131	This patient is dehydrated (Hinkle, 2018).
<b>K+</b>	3.5-5.0	3.7	3.9	
<b>Cl-</b>	98-107	91	97	This value is low because of ketoacidosis (Hinkle, 2018).
<b>CO2</b>	35-45	<7	8	This value is low because of ketoacidosis (Hinkle, 2018).
<b>Glucose</b>	70-100	174	225	This value is high because of stress, fat breakdown, and alcohol use (Hinkle, 2018).
<b>BUN</b>	6-20	16	15	
<b>Creatinine</b>	0.6-1.3	1.47	1.16	This value is high because of AKI (Hinkle, 2018).
<b>Albumin</b>	3.4-5.4	5.3	Labs not drawn	
<b>Calcium</b>	8.5-10.5	9.1	8.3	
<b>Mag</b>	1.7-3.4	2.4	2.0	
<b>Phosphate</b>	2.5-4.5	5.7	1.7	

<b>Bilirubin</b>	<1.5	<b>0.7</b>	Labs not drawn	
<b>Alk Phos</b>	<b>20-140</b>	<b>115</b>	Labs not drawn	
<b>AST</b>	<b>10-30</b>	<b>41</b>	Labs not drawn	
<b>ALT</b>	<b>10-40</b>	<b>32</b>	Labs not drawn	
<b>Amylase</b>	<b>23-85</b>	Labs not drawn	Labs not drawn	
<b>Lipase</b>	<b>60-160</b>	<b>108</b>	Labs not drawn	
<b>Lactic Acid</b>	<2	Labs not drawn	<b>1.2</b>	
<b>Troponin</b>	<0.3	<b>0.010</b>	Labs not drawn	
<b>CK-MB</b>	5-25	<b>6.53</b>	Labs not drawn	
<b>Total CK</b>	<b>22-198</b>	<b>178</b>	Labs not drawn	
<b>Anion gap</b>	<b>8-16</b>	<b>37.3</b>	<b>26.4</b>	This value is low because of ketoacidosis (Hinkle, 2018).

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
<b>INR</b>	<b>0.86-1.16</b>	Labs not drawn	Labs not drawn	
<b>PT</b>	<b>11.9-14.9</b>	Labs not drawn	Labs not drawn	
<b>PTT</b>	<b>60-70</b>	Labs not drawn	Labs not drawn	
<b>D-Dimer</b>	<250	Labs not drawn	Labs not drawn	
<b>BNP</b>	<450	Labs not drawn	Labs not drawn	
<b>HDL</b>	>60	Labs not drawn	Labs not drawn	
<b>LDL</b>	<130	Labs not drawn	Labs not drawn	

<b>Cholesterol</b>	<b>&lt;200</b>	Labs not drawn	Labs not drawn	
<b>Triglycerides</b>	<b>&lt;150</b>	Labs not drawn	Labs not drawn	
<b>Hgb A1c</b>	<b>&lt;7-8%</b>	Labs not drawn	Labs not drawn	
<b>TSH</b>	<b>0.4-4.0</b>	Labs not drawn	Labs not drawn	

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 (Hinkle, 2018).
<b>Color &amp; Clarity</b>	<b>Yellow and clear</b>	Labs not drawn	<b>Yellow and clear</b>	
<b>pH</b>	<b>6.0</b>	Labs not drawn	<b>5.5</b>	
<b>Specific Gravity</b>	<b>1.010-1.025</b>	Labs not drawn	<b>1.035</b>	The patient is dehydrated (Hinkle, 2018).
<b>Glucose</b>	<b>0-0.8</b>	Labs not drawn	<b>normal</b>	
<b>Protein</b>	<b>Negative</b>	Labs not drawn	<b>2+</b>	The body is breaking down fat related to anorexia (Hinkle, 2018).
<b>Ketones</b>	<b>Negative</b>	Labs not drawn	<b>4+</b>	The body is breaking down fat related to anorexia (Hinkle, 2018).
<b>WBC</b>	<b>4.5-11</b>	Labs not drawn	<b>2</b>	
<b>RBC</b>	<b>4</b>	Labs not drawn	<b>10</b>	The patient is in AKI (Hinkle, 2018).
<b>Leukoesterase</b>	<b>2-5</b>	Labs not drawn	<b>negative</b>	

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
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<b>pH</b>	<b>7.35-7.45</b>	<b>6.99</b>	<b>7.28</b>	The body is in acidosis (Hinkle, 2018.)
<b>PaO2</b>	<b>80-100</b>	<b>83</b>	<b>122</b>	The body is in acidosis (Hinkle, 2018.)
<b>PaCO2</b>	<b>33-45</b>	<b>26.8</b>	<b>9.9</b>	The body is in acidosis (Hinkle, 2018.)
<b>HCO3</b>	<b>22-26</b>	<b>7.2</b>	<b>9.4</b>	The body is in acidosis (Hinkle, 2018.)
<b>SaO2</b>	<b>90-100</b>	<b>50.2</b>	<b>98.5</b>	The body is in acidosis (Hinkle, 2018.)

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
<b>Urine Culture</b>	<b>Negative</b>	Labs not drawn	Labs not drawn	
<b>Blood Culture</b>	<b>Negative</b>	Labs not drawn	<b>Results pending</b>	
<b>Sputum Culture</b>	<b>Negative</b>	Labs not drawn	Labs not drawn	
<b>Stool Culture</b>	<b>negative</b>	Labs not drawn	Labs not drawn	

### Lab Correlations Reference (APA):

Hinkle, J. L., Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

### Diagnostic Imaging

**All Other Diagnostic Tests (5 points):** CT of the abdomen and pelvis with contrast; Chest XR

**Diagnostic Test Correlation (5 points):** She got the CT because of her complaints of abdominal pain and to rule out pancreatitis. The results showed colonic diverticulosis, no acute findings in the abdomen or pelvis, fatty liver change and mild hepatic enlargement, and a previous cholecystectomy and hysterectomy. The chest x-ray was ordered due to her shortness of breath at

admission. It showed a normal heart size, clear lungs, and no visualization of pneumothorax or pleural effusion.

**Diagnostic Test Reference (APA):**

Hinkle, J. L., Cheever, K. H., & Hinkle, J. L. (2018). *Brunner & Suddarths textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.

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

**Home Medications (5 required)**

<b>Brand/Generic</b>	Famotidine (Pepcid)	Sucralfate (Carafate)	melatonin	Atorvastatin (Lipitor)	Omeprazole (Prilosec)
<b>Dose</b>	40 mg	1 g	3 mg	10 mg	40 mg
<b>Frequency</b>	daily	QID	PRN	daily	BID
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	H2-receptor antagonist	antiulcer	Herbal	statin	Proton pump inhibitor
<b>Mechanism of Action</b>	Inhibits gastric acid secretion	Buffers stomach acid	Promotes sleep	Enhances LDL receptors on liver cells	Suppresses basal and stimulated acid secretion
<b>Reason Client Taking</b>	GERD	Prevent ulcers	insomnia	HTN, Prevent MI or stroke	GERD
<b>Contraindications (2)</b>	Severe renal dysfunction, anuria	Aspirin, renal failure	Caffeine, nicotine	Hepatic disease, hypersensitivity	Other PPIs, benzimidazoles
<b>Side Effects/Adverse Reactions (2)</b>	Constipation/diarrhea, dizziness	Dry mouth, hyperglycemia	Abdominal cramps, decreased alertness	Hyperglycemia, abdominal pain	Headache, abdominal pain
<b>Nursing Considerations (2)</b>	Use caution in older adults. Use caution with impaired renal or hepatic function	Use cautiously in renal failure patients, give on an empty stomach	Give at bedtime, use caution with other CNS depressants	Report any acute cardiac condition, report hypotension	Give before meals in the morning, monitor stools
<b>Key Nursing</b>	I+O, VS	Glucose level	VS	Liver function tests	I+O, VS

<b>Assessment(s) Prior to Administration</b>					
<b>Client Teaching needs (2)</b>	Dissolve in water. Avoid NSAIDS	Take at least one hour before meals, do not take with any other medications	Do not drive after taking, take at bedtime	Take as prescribed, monitor glucose closely	Can mix with yogurt or applesauce, report black tarry stool

### Hospital Medications (5 required)

<b>Brand/Generic</b>	Pantoprazole (Protonix)	Acetaminophen (Ofirmev)	Lactobacillus rhamnosus	Calcium carbonate (Tums)	Ondansetron (Zofran)
<b>Dose</b>	40 mg	1,000 mg	1 tab	500 mg	4 mg
<b>Frequency</b>	Daily	Q6H PRN	daily	Q6H PRN	Q6H PRN
<b>Route</b>	IV push	IV piggyback	PO	PO	IV push
<b>Classification</b>	PPI	Analgesic	Dietary supplement	Antacid	5-HT3 antagonist
<b>Mechanism of Action</b>	Inhibits proton pump in gastric cells	Pain reliever	Keeps "good" bacteria in and "bad" bacteria out	Neutralizes gastric acid	Blocks serotonin receptors
<b>Reason Client Taking</b>	GERD	Pain	c.diff prophylaxis	Heartburn	Nausea
<b>Contraindications (2)</b>	Hypersensitivity, c.diff	Alcohol, oral contraceptives	Short bowel syndrome, weak immune system	Hypercalcemia, severe renal dysfunction	Long QT syndrome, hypersensitivity
<b>Side Effects/Adverse Reactions (2)</b>	Headache, diarrhea	Dizziness, nausea	Nausea, stomach bloating	Constipation, bone and muscle pain	Headache, diarrhea
<b>Nursing Considerations (2)</b>	Dilute with 10 ml of NS, give over 2 minutes	Long term use can lead to liver disease	monitor for abdominal distension, monitor color and consistency of stool	Ensure adequate nutrition, monitor bowels	Monitor for serotonin syndrome, maintain adequate fluid intake
<b>Key Nursing Assessment(s) Prior to Administration</b>	Assess occult blood, liver enzymes, symptoms of heart burn	Assess pain level and VS	I+O, VS	Creatinine and renal function tests	Lung sounds
<b>Client Teaching needs (2)</b>	Should be taken 30 minutes before a meal, used as short term treatment	Can cause nausea, report a change in pain level	Can be taken with or without food, can mix with applesauce if cannot swallow the pill whole	Thoroughly chew before swallowing, take only as needed	Avoid OTC cold medications, take as prescribed

**Medications Reference (APA):**

Jones & Bartlett Learning. (2018). *2018 Nurses drug handbook*.

**Assessment****Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	A+Ox4. No signs of distress. Appears moderately anxious. Appears malnourished, lips cracked and dry.
<b>INTEGUMENTARY (2 points):</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> . <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	Skin appeared pink which is usual for ethnicity. Slightly diaphoretic. Her temperature appeared warm. No rashes, or wounds. She had a small bruise on her left elbow. Skin turgor appeared tight. Her capillary refill less than 3 seconds Braden score of 18 making her a mild skin risk. No drains present Redness, swelling, and warmth to the RLE.
<b>HEENT (1 point):</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head appeared normocephalic. Patent airway. Her trachea is midline. No ear pain, nasal congestion, or sore throat. Extraocular motions are intact. No recent visual problems. Her temporal membranes are clear bilaterally.

	<p>Nasal passages are clear and moist. She does not wear dentures or glasses.</p>
<p><b>CARDIOVASCULAR (2 points):</b>  <b>Heart sounds:</b>  <b>S1, S2, S3, S4, murmur etc.</b>  <b>Cardiac rhythm (if applicable):</b>  <b>Peripheral Pulses:</b>  <b>Capillary refill:</b>  <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Location of Edema:</b></p>	<p>Heart sounds appeared normal. S1 and S2 sounds were heard without any S3 or S4 sounds. Sinus arrhythmia. No murmurs, gallops, or rubs. Peripheral radial pulses were normal 3+ bilaterally. Peripheral dorsalis pedis pulses were normal 2+ bilaterally. Nail bed color is normal for ethnicity. Capillary refill less than 3 seconds. Lower extremities showed no edema bilaterally. No neck vein distention.</p>
<p><b>RESPIRATORY (2 points):</b>  <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Breath Sounds: Location, character</b></p> <p><b>ET Tube:</b>  <b>Size of tube:</b>  <b>Placement (cm to lip):</b>  <b>Respiration rate:</b>  <b>FiO2:</b>  <b>Total volume (TV):</b>  <b>PEEP:</b>  <b>VAP prevention measures:</b></p>	<p>Lungs sounds heard to auscultation bilaterally in all 5 lobe fields clearly with no wheezes, crackles, or rhonchi. No accessory muscle use needed. Respiratory rate was 37 and 24. No ET tube. VAP prevention measures include elevating the head of bed, hand hygiene, and providing oral care.</p>
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b>  <b>Current Diet</b>  <b>Height:</b>  <b>Weight:</b>  <b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>  <b>Distention:</b>  <b>Incisions:</b>  <b>Scars:</b>  <b>Drains:</b>  <b>Wounds:</b>  <b>Ostomy:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Nasogastric:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Size:</b>  <b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	<p>Regular diet at home and in the hospital.          158.75 cm tall, 70 kg          Bowel sounds active in all four quadrants          No pain upon palpation          No distention, incisions, scars, drains, or wounds          Last BM was today, 3/23. She stated she had 3 counts of diarrhea.          No ostomy, NG, or feeding tubes          Abdomen appeared flat and non-tender.</p>

<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b>  <b>Size:</b>  <b>CAUTI prevention measures:</b></p>	<p>Voiding without difficulties. Urine is yellow and clear. No odor.                  Her total output was not recorded.                  She uses a bed pan since she is oxygen dependent.                  No bladder distension or pain with urination.                  No dialysis                  No catheter                  CAUDI prevention measures include appropriate catheter use, hand hygiene, cleaning around the catheter daily, and keeping the drainage bag lower than the bladder.</p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p>Active ROM                  Currently on no supportive devices.                  Since she is a fall risk, she can ambulate with one assist. She currently needs assistance with ADLs.                  Strength was graded as a 5.                  She can turn herself in the bed.                  Fall risk of 44 making her a moderate fall risk due to her risk for seizures</p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p>A+Ox4                  Moves all extremities                  Pupils equal, round, and reactive to light. Pupils were 3 cm bilaterally.                  Strength was equal in all extremities bilaterally.                  Affect and communication was appropriate for developmental age. Normal cognition.                  Speech is slightly slurred.                  No lightheadedness or focal weakness                  No sensory deficits noted                  Her level of consciousness was awake and aware of her surroundings.</p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p>The patient uses alcohol as a coping method. The highest level of completed education stated was high school. She does not practice religion. She has support from her significant other and her daughter. She currently lives with her significant other who also has a history of alcohol abuse.</p>

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	107	96/61	37	37.7	99
1100	88	105/66	24	36.5	99

**Vital Sign Trends/Correlation:**

She is tachypneic due to anxiety and nausea. She was also tachycardic because of anxiety. She was having Kussmaul's respirations. Her respiratory rate decreased from 37 to 24 because she was laying down and resting.

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0900	numeric	Abdomen right side	4	Sharp	Administered Protonix
1100	numeric	Abdomen right side	4	sharp	Created a calm environment by dimming the lights

**IV Assessment (2 Points)**

IV Assessment	Fluid Type/Rate or Saline Lock
<b>Size of IV:</b> <b>Location of IV:</b> <b>Date on IV:</b> <b>Patency of IV:</b> <b>Signs of erythema, drainage, etc.:</b>	18G AC inserted on admission (3/23). 18G AC inserted on admission (3/23). Normal saline was hung at a rate 125/hr with sodium bicarbonate piggyback. No complications, patent, dressing

<b>IV dressing assessment:</b>	clean/dry/intact.
<b>Other Lines (PICC, Port, central line, etc.)</b>	
<b>Type:</b> <b>Size:</b> <b>Location:</b> <b>Date of insertion:</b> <b>Patency:</b> <b>Signs of erythema, drainage, etc.:</b> <b>Dressing assessment:</b> <b>Date on dressing:</b> <b>CUROS caps in place: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b> <b>CLABSI prevention measures:</b>	There were no other lines inserted. CLABSI prevention measures include hand hygiene, appropriate skin antiseptic, ensure the prep agent has completely dried before inserting a central line, and use proper PPE including sterile gloves, gown, cap, and a mask.

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
625 ml of IV fluid in the 5 hour shift	3 counts of diarrhea

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** I performed a head-to-toe assessment and treated her with Lactobacillus rhamnosus and Pantoprazole (Protonix)

**Procedures/testing done:** ABGs

**Complaints/Issues:** abdominal pain

**Vital signs (stable/unstable):** unstable

**Tolerating diet, activity, etc.:** The patient was tolerating a NPO diet but was still nauseous. She was tolerating the activity of the assessment but stayed in bed.

**Physician notifications:** none today

**Future plans for patient:** CIWA protocol, order for Ativan

**Discharge Planning (2 points)**

**Discharge location:** home with significant other

**Home health needs (if applicable):** referral to Alcoholic Anonymous

**Equipment needs (if applicable):** NA

**Follow up plan:** following up with her PCP after she is discharged as well as checking out a group like Alcoholics Anonymous.

**Education needs:** She needs education of the cessation of alcohol use and complications of health risks if she does not stop drinking.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
Fluid volume deficit related to a high	Her specific gravity was	Monitor respirations. Assess	She had Kussmaul’s respirations and was

specific gravity as evidenced by decreased intake of fluids and excessive vomiting and nausea	1.035.	neurological status every 2 hours.	A+Ox4.
Malnutrition related to ketoacidosis as evidenced by anion gap	Her anion gap was 37.3 on admission and 26.4 today.	Monitor glucose levels. Monitor electrolyte levels.	The patient is hyperglycemic. Her glucose level was 174 on admission and 225 today. She was also hyponatremic with a sodium level of 134 on admission and 131 today.
Anxiety related to cessation of alcohol intake as evidenced by tachycardia, tachypnea, and overall appearance.	Her heart rate and respiratory rate were elevated. She appeared anxious and slightly diaphoretic.	Create a calm environment. Orient the patient to reality.	After creating a calm environment, her respiratory rate went from 37 to 24. She was A+Ox4.
Risk for injury related to seizures as evidenced by alcohol withdrawal.	This patient is a long-term alcoholic. Without alcohol, her body will withdraw from the substance and could start seizing.	Initiate CIWA protocol including seizure precautions. Thiamine was given in the ED to prevent seizures.	The patient had extreme nausea and vomiting with anxiety. She did not have tremors, headache, agitation, or tactile, auditory, or visual disturbances. The patient remained free of seizures during the shift.
Risk for decreased cardiac output related to direct effect of alcohol on the heart as evidenced by the effect of alcohol on the heart.	Her admission ethanol toxicology level was 61.9 which means without alcohol, she will withdraw.	Monitor I+O and VS. Monitor cardiac rate and rhythm.	Her VS were tachycardic and tachypneic. She was in sinus arrhythmia.

**Other References (APA):**

**Concept Map (20 Points):**

### Subjective Data

Abdominal pain  
Nausea  
Anorexia for a week prior to admission  
3 episodes of diarrhea

### Nursing Diagnosis/Outcomes

Risk for fluid volume deficit related to decreased intake of fluids and excessive vomiting and nausea as evidenced by a high specific gravity.  
Outcome: The patient will be well hydrated by discharge.  
Malnutrition related to ketoacidosis as evidenced by anion gap.  
Outcome: The patient will be able to eat and keep a meal down before discharge  
Anxiety related to cessation of alcohol intake as evidenced by tachycardia, tachypnea, and overall appearance.  
Outcome: The patient will keep her anxiety at a tolerable level by discharge  
Risk for injury related to seizures as evidenced by alcohol withdrawal.  
Outcome: The patient will remain free of seizure activity by discharge.  
Risk for decreased cardiac output related to direct effect of alcohol on the heart as evidenced by the effect of alcohol on the heart.  
The patient will remain free of cardiac complications by discharge.

### Objective Data

Labs are relevant to infection, ketoacidosis, and dehydration  
Patient can ambulate independently  
Ketonuria  
Ethanol toxicology level of 61.9  
CT of the abdomen and pelvis showed mild hepatic enlargement

### Patient Information

Patient is a 61-year-old female who presented at the emergency department for SOB, abdominal pain and nausea and vomiting for the past 3 days. She was diagnosed with alcoholic ketoacidosis.

### Nursing Interventions

Monitor vital signs: Pulse oximetry, blood pressure, heart rate, and respiration rate. Report significant findings  
Auscultate breath sounds frequently.  
Assess patient's pain.  
Administer PRN pain medication, if prescribed.  
Administer medications as prescribed.  
Provide frequent breaks and rest periods in between activities  
Establish honest, therapeutic communication in an empathetic manner  
Explain all interventions, diagnostics and medications  
Initiate CIWA protocol  
Maintain a calm environment





