N321 Care Plan #2

Lakeview College of Nursing

Aleisa Gutierrez

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3/28/21	J.D.A	28 y/o	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian/white	Unemployed	Relationship	N.K.A
Code Status	**Height**	**Weight**	
Full Code	183.52 cm	96.70 kg	

Medical History (5 Points)

Past Medical History: Anxiety, Depression

Past Surgical History: reports no past surgical history

Family History: reports no past family medical history

Social History (tobacco/alcohol/drugs): drinks alcohol (beer) 1-2 times a week, smokes marijuana daily, former tobacco smoker (quit 5 years ago).

Assistive Devices: reports no use of assistive devices

Living Situation: lives at home with girlfriend

Education Level: high school and some college

Admission Assessment

Chief Complaint (2 points): Abdominal Pain

History of present Illness (10 points): Patient reports to the emergency department complaining of abdominal pain (3/18). Pt. claims that the pain in his lower abdomen started last night (3/27) and has been worsening ever since. Pt. feels “cramping pain”. Pt. feels nauseas but reports no vomiting. Pt. also reported having dark tarry stools. Pt. is experiencing no relief and has not taken anything to help alleviate the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Colitis

Secondary Diagnosis (if applicable): n/a

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

Colitis is an inflammatory bowel disease along with Crohn's disease; however, colitis only affects the mucosal layer of the large intestines unlike Crohn's that can affect the entire GI system. Colitis can also lead to cancer. There is no known cause for colitis, however theories suggest that environmental influences and unknown triggers may produce an inflammatory reaction. Risk factors of colitis include genetic predisposition, family history, and Jewish ethnic backgrounds. Various lymphocytes such as cytotoxic T cells, B cells, plasma cells, along with immunoglobin G and A appear to accumulate on the intestinal wall of those who have colitis. Microscopically, inflammation of the colon may lead to the formation of cryptic abscess which is accompanied by goblet cells that discharge mucus. According to Capriotti, "the ulcerated area becomes covered by granulation tissue, leading to the formation of inflammatory areas of protruding growths termed pseudopolyps" (Capriotti, 2020). Pseudopolyps along with inflammation are markers of colitis. Symptoms vary depending on the severity and location of the inflammation; however, most people experience, abdominal pain, diarrhea, rectal bleeding, and fatigue. The patient was experiencing many of these symptoms, as their chief of complaint was abdominal pain, along with rectal bleeding. During their stay they've also explained that they've been experiencing diarrhea. Diagnostic tools are important to able to distinguish between Crohn's and other inflammatory bowel disorders. The physician ordered an abdominal CT for the patient and found thickening/inflammation of the colon consistent with colitis. Many other tools for diagnostics are colonoscopies, stool tests, X-rays, and blood tests. Pharmacological

treatments include anti-inflammatory drugs, immune system suppressors, and anti-diarrheal medication. The patient is currently on Tylenol to relieve pain, and on an antibiotic due to the colitis. The patient is also taking a miscellaneous GI agent called simethicone to help alleviate gas. Further treatment of colitis include surgery that removed the part of the colon that has been affected. An ileoanal anastomosis may be done to create a j-pouch connecting the small intestines to the anus allowing regular waste removal. However, some cases may be too extreme, and a pouch cannot be done. When this occurs, an ileal stoma may be created. The patient's plan of treatment is still unclear, however current treatment will be administering medications to help alleviate the inflammation and pain.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2nd ed.). F.A. Davis Company.

Ulcerative colitis. (2021, February 23). Retrieved April 05, 2021, from https://www.mayoclinic.org/diseases-conditions/ulcerative-colitis/symptoms-causes/syc-20353326

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	**3.90-4.98**	**5.12**	**4.49**	**Pt presented with abdominal pain and also reported black, tarry, stools, "the manner in which the trauma occurred can give clues as to**

				the presence of internal bleeding" (Capriotti, 2020, p. 280)
Hgb	**12.0-15.5**	**15.1**	**13.1**	**n/a**
Hct	**35-45**	**43.4**	**38.6**	**n/a**
Platelets	**140-400**	**274**	**208**	**n/a**
WBC	**4.0-9.0**	**19.3**	**13.4**	**Pt.'s colon was inflamed and irritated due to colitis, "pathological conditions, mainly infection, inflammation, and extreme stress, stimulate the rise in the number of WBCs in the bloodstream" (Capriotti, 2020, p. 247).**
Neutrophils	**40-70**	**90.4**	**71.9**	**Pt.'s colon was inflamed and irritated due to colitis, "pathological conditions, mainly infection, inflammation, and extreme stress, stimulate the rise in the number of WBCs in the bloodstream" (Capriotti, 2020, p. 247).**
Lymphocytes	**10-20**	**15.6**	**18.0**	**n/a**
Monocytes	**4.4-12.0**	**3.5**	**9.3**	**Pt.'s colon was inflamed and irritated due to colitis, "pathological conditions, mainly infection, inflammation, and extreme stress, stimulate the rise in the number of WBCs in the bloodstream" (Capriotti, 2020, p. 247).**
Eosinophils	**0-6.3**	**0.1**	**0.5**	**n/a**
Bands	**0-5.1**	**0.1**	**0.3**	**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-	**135-145**	**139**	**140**	**n/a**

K+	**3.5-5.1**	**4.0**	**3.7**	**n/a**
Cl-	**98-107**	**105**	**106**	**n/a**
CO2	**22-29**	**26**	**29**	**n/a**
Glucose	**70-99**	**125**	**91**	**Pt.'s body was in a lot of stress, which in turn increased their blood glucose levels "ACTH acts on the adrenal cortex to secrete the glucocorticoid cortisol, which raises blood glucose levels" (Capriotti, 2020, p. 55).**
BUN	**6-20**	**12**	**14**	**n/a**
Creatinine	**.50-1.00**	**0.95**	**1.15**	**Pt's creatinine may be increased d/t inflamed bowels and acute blood loss, "blood chemistry studies, serum creatinine, and arterial blood gases (ABGs) are important because acute blood loss can cause abnormalities in these values" (Capriotti, 2020, p. 281).**
Albumin	**3.5-5.2**	**4.9**	**4.0**	**n/a**
Calcium	**8.4-10**	**9.4**	**8.4**	**n/a**
Mag	**1.6-2.5**	**n/a**	**1.8**	**n/a**
Phosphate	**35-105**	**n/a**	**n/a**	**n/a**
Bilirubin	**.3-1.0**	**1.0**	**1.4**	**Pt's bilirubin may be increased "by the breakdown of the RBC" (Capriotti, 2020, p. 283).**
Alk Phos	**30-120**	**99**	**82**	**n/a**
AST	**10-30**	**18**	**12**	**n/a**
ALT	**10-40**	**21**	**15**	**n/a**

Amylase	**30-110**	**n/a**	**n/a**	**n/a**
Lipase	**0-160**	**n/a**	**n/a**	**n/a**
Lactic Acid	**0.5-1**	**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**	**n/a**	**n/a**	**n/a**
PT	**11-13.5**	**n/a**	**n/a**	**n/a**
PTT	**30-40 sec**	**n/a**	**n/a**	**n/a**
D-Dimer	**<250**	**n/a**	**n/a**	**n/a**
BNP	**<100**	**n/a**	**n/a**	**n/a**
HDL	**>60**	**n/a**	**n/a**	**n/a**
LDL	**<130**	**n/a**	**n/a**	**n/a**
Cholesterol	**<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	**Pale yellow-deep amber**	**Light yellow/clear**	**Light yellow/clear**	**n/a**
pH	**5-8**	**7.5**	**n/a**	**n/a**
Specific Gravity	**1.005-1.034**	**1.050**	**n/a**	**n/a**

Glucose	**negative**	**n/a**	**n/a**	**n/a**
Protein	**negative**	**n/a**	**n/a**	**n/a**
Ketones	**negative**	**n/a**	**n/a**	**n/a**
WBC	**negative**	**n/a**	**n/a**	**n/a**
RBC	**negative**	**n/a**	**n/a**	**n/a**
Leukoesterase	**negative**	**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	**negative**	**n/a**	**n/a**	**n/a**
Blood Culture	**negative**	**n/a**	**n/a**	**n/a**
Sputum Culture	**negative**	**n/a**	**n/a**	**n/a**
Stool Culture	**negative**	**n/a**	**n/a**	**n/a**

Lab Correlations Reference (1) (APA):

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Capriotti, T., & Frizzell, J.P, "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2nd ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of the abdomen and pelvis w/ contrast

Diagnostic Test Correlation (5 points): Thickening/inflammation of the adjacent descending colon and proximal sigmoid colon consistent with colitis.

Diagnostic Test Reference (1) (APA): Childers, B. C., Cater, S. W., Horton, K. M., Fishman, E. K., & Johnson, P. T. (2015). Ct evaluation of acute enteritis and colitis: Is it infectious, inflammatory, or ischemic?:resident and fellow education feature. *RadioGraphics, 35*(7), 1940-1941. doi:10.1148/rg.2015150125

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

Home Medications (5 required) ***** NO HOME MEDICATION REPORTED**

Brand/Generic	*	*	*	*	*
Dose	*	*	*	*	*
Frequency	*	*	*	*	*
Route	*	*	*	*	*
Classification	*	*	*	*	*
Mechanism of Action	*	*	*	*	*
Reason Client Taking	*	*	*	*	*
Contraindications (2)	*	*	*	*	*
Side Effects/Adverse Reactions (2)	*	*	*	*	*
Nursing Considerations (2)	*	*	*	*	*

Hospital Medications (5 required)

Brand/Generic	**Tylenol / acetaminophen**	**Mylicon / simethicone**	**Norvasc / amlodipine**	**Zosyn / Piperacillin-Tazobactam**	**Microzide / Hydrochlorothiazide**
Dose	**1,000 mg**	**80 mg**	**5 mg**	**50 mL**	**25 mg**
Frequency	**Every 6 hours, PRN**	**Every 6 hours, PRN**	**daily**	**Every 6 hours, continuously**	**daily**
Route	**PO**	**PO**	**PO**	**IV**	**PO**
Classification	**Nonnarcotic Analgesic Antipyretic**	**Miscellaneous GI agents**	**Calcium channel blocker**	**Penicillin**	**Diuretic**
Mechanism of Action	**Reduces the production of prostaglandins causing analgesia and antipyretics properties**	**Simethicone works as a surfactant that decreases the surface tension of gas bubbles in the gastrointestinal tract allowing gas to pass**	**Inhibits calcium influx into vascular smooth muscle causing vasodilation and peripheral relaxation**	**Kills susceptible gram + bacteria by inhibiting transpeptidase and preventing cell wall synthesis**	**Inhibits chloride influx in distal convoluted tubule allowing more sodium and fluid excretion**
Reason Client Taking	**Pain relief**	**Gas relief**	**High blood pressure**	**Antibiotic – Colitis**	**High blood pressure**
Contraindications (2)	**Liver impairment, Renal Impairment**	**Pregnancy, Phenylketonuria**	**Hypersensitivity, Liver impairment**	**Hypersensitivity to penicillin, Seizure disorder**	**Orthostatic hypotension, hypersensitivity to sulfonamide**
Side Effects/Adverse Reactions (2)	**Hepatotoxicity, Renal impairment**	**Nausea, pruritis**	**Headache, Palpitations**	**Nausea, Vomiting**	**Headache, dizziness**
Nursing Considerations (2)	**Take with food to prevent GI upset, Do not exceed 4,000 mg a day**	**Monitor for anaphylactic, Do not take w/ Levothyroxine**	**May increase cyclosporine levels, initiate lower levels with older**	**Creatinine clearance for renal impaired, Hepatic impairment**	**Monitor fluid and electrolyte, monitor for dramatic drop**

			clients		**in blood pressure.**

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:**	 **Alert and responsive** **ANO X4** **No visible signs of distress** **Overall appearance was appropriate**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Skin color is usual for ethnicity** **Supple** **Warm** **Elastic turgor** **No rashes** **No bruises** **No wounds** **22** **n/a**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Normocephalic, no deviation of trachea** **No drainage, grey-pink tympanic membrane** **No drainage, symmetrical, pink conjunctiva** **No septum deviation, polyps, turbinate** **Teeth intact, no visible dental caries**
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/S2 heart sounds heard** **No murmur or gallops heard** **Steady rate and rhythm** **Peripheral pulses 3+** **Capillary refill 2 sec** **n/a**
RESPIRATORY (2 points):	**No use of accessory muscles, unlabored,**

Accessory muscle use: Y☐ N ☒ **Breath Sounds: Location, character**	**regular pattern and respirations** **Bilateral clear bronchovesicular breath sounds** **Equal lung aeration posterior and anterior**
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:**	**Diet at home is normal** **Current diet is NPO except ice chips, and sips of water** **183.52 cm** **96.70 kg** **Hyperactive in all four quadrants** **Twice last night (3/29), Pt. pad appeared to have red/blood stains in the morning (3/29)** **Sharp pain upon palpation (LLQ, RLQ)** **Skin warm and color usual for ethnicity** **No distention observed** **No incisions observed** **No scars observed** **No drain observed** **No wounds observed** **n/a** **n/a**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 **Light yellow** **Clear** **300 mL voided** **Appropriate for age** **n/a** **n/a**
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, capillary refill: 3 sec on all four extremities** **Active ROM on all four extremities** **No use of supportive devices** **Strength 5 – active motion against full resistance** **20** **Independent up ad lib**

NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**ANO X4** **Cognition is appropriate** **Speech is clear and appropriate** **Sensory is appropriate** **Alert and awake answers questions appropriately**
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):**	**Pt. is mature and is aware of their state of health. Pt's lives at home with girlfriend and is main source of social/emotional support**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:27 am	**68 bpm**	**142/78 mmHg**	**16 bpm**	**36.4 C**	**98%**
11:36 am	**71 bpm**	**146/80 mmHg**	**18 bpm**	**37.0 C**	**98%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:27 am	**numeric**	**Right lower abdomen/Left lower abdomen**	**3/10**	**Cramping pain**	**Offer/admin pain meds and heating pads**
11:36 am	**numeric**	**Right lower abdomen/Left**	**3/10**	**Cramping pain**	**Offer/admin pain meds and**

		lower abdomen			**heating pads**

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:**	**20 gauge** **Right antecubital** **3/28** **Aspirated, flushes easily** **No signs of erythema, phlebitis** **Dry, intact**

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
50 mL	**300 mL**

Nursing Care

Summary of Care (2 points)

Patient is stable and ANO x4. Pt. had minimal complaints of abdominal pain throughout the shift. Pt. reported pain a 3/10 on a numeric scale and claimed that the pain was tolerable and declined the need for pain medication. Pt continues to use a heating pad to help alleviate pain. Pt continues to be NPO (except for ice chips, sips of water). Pt. will be monitored continuously.

Discharge Planning (2 points)

Pt. is stable overall. Pt's treatment will continue to be focused on symptom/pain relief until physician orders. Pt. will be under close surveillance and possible surgery may be implemented, until then, the pt. will be NPO (expect ice chips, and sips of water) and continue to be administered fluids and medications as prescribed.

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

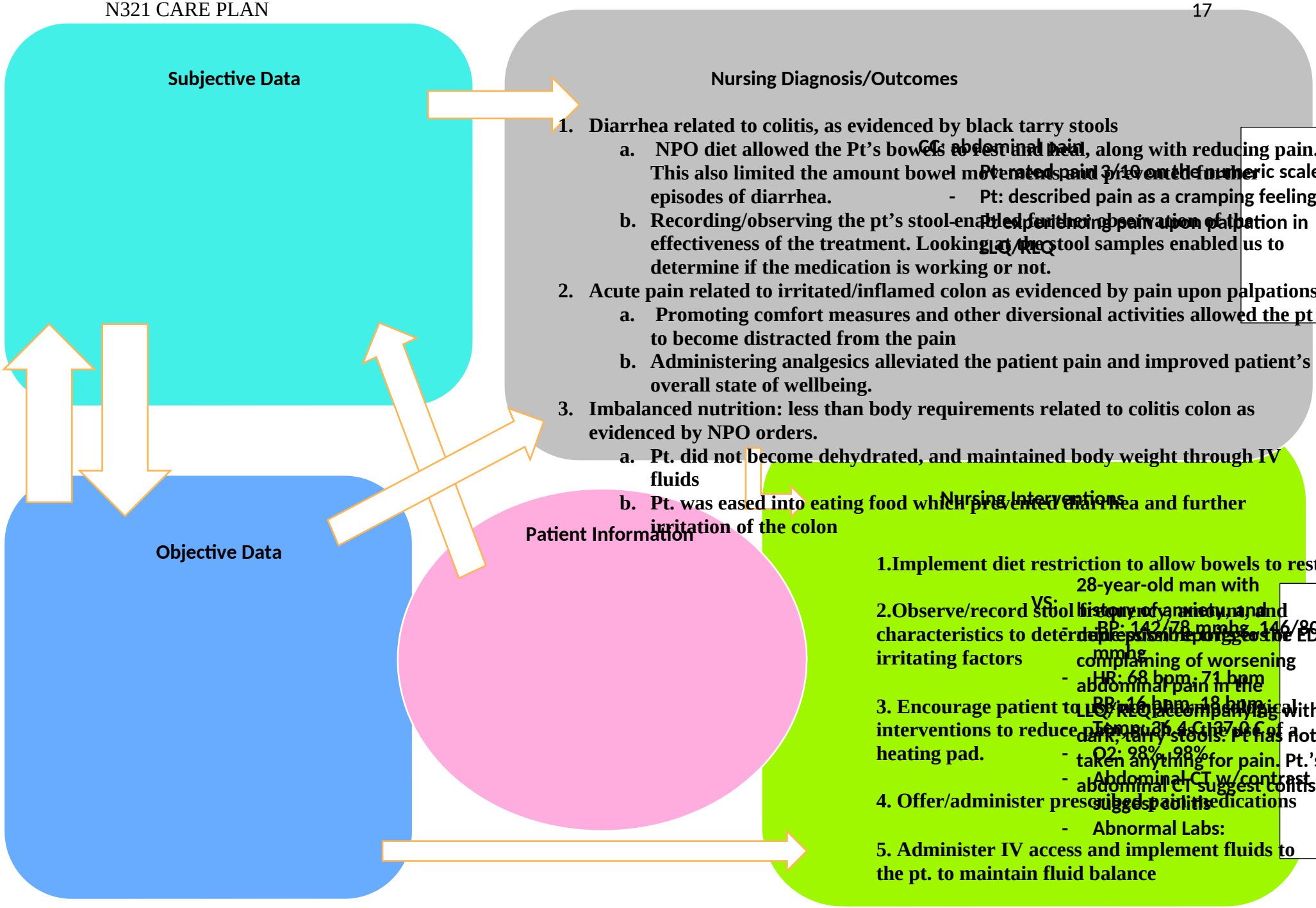
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Diarrhea related to colitis, as evidenced by black tarry stools	**Pt. was presented to the ER experiencing abdominal pain with accompanying black tarry stools. Pt. has been having frequent irregular bowel movements**	**1.Implement diet restriction to allow bowels to rest** **2.Observe/record stool frequency, amount, and characteristics to determine possible triggers or irritating factors**	**1. NPO diet allowed the Pt's bowels to rest and heal, along with reducing pain. This also limited the amount bowel movements and prevented further episodes of diarrhea.** **2. Recording/observing the pt's stool enabled further observation of the effectiveness of the treatment. Looking at the stool samples enabled us to determine if the medication is working or not.**
2. Acute pain related to irritated/inflamed colon as evidenced by pain upon palpations	**The pt.'s CT scans are consistent with colitis and appeared to be irritated/inflamed. Upon palpation of the RLQ/LLQ, the patient winced in pain.**	**1. Encourage patient to use nonpharmacological interventions to reduce pain, such as the use of a heating pad.** **2.Offer/administer prescribed pain medications**	**1. Promoting comfort measures and other diversional activities allowed the pt to become distracted from the pain** **2. Administering analgesics alleviated the patient pain and**

			improved patient's overall state of wellbeing.
3. Imbalanced nutrition: less than body requirements related to colitis colon as evidenced by NPO orders.	**Pt's is ordered to have nothing by mouth to rest bowels and for possible surgery, this puts them at risk for imbalanced nutrition since they're not eating.**	**1. Administer IV access and implement fluids to the pt. to maintain fluid balance** **2Ease them into eating soft residue foods, only after diet restrictions have been lifted, to prevent the colon from shock.**	**1. Pt. did not become dehydrated, and maintained body weight through IV fluids** **2. Pt. was eased into eating food which prevented diarrhea and further irritation of the colon**

Other References (APA):

Concept Map (20 Points):

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health* (5th ed.). Elsevier


Subjective Data
CC: abdominal pain
- Pt: rated pain 3/10 on the numeric scale
- Pt: described pain as a cramping feeling
- Pt experiencing pain upon palpation in LLQ/RLQ
Objective Data
VS:
- BP: 142/78 mmhg, 146/80 mmhg
- HR: 68 bpm, 71 bpm
- RR: 16 bpm, 18 bpm
- Temp: 36.4 C, 37.0 C
- O2: 98%, 98%
- Abdominal CT w/contrast suggest colitis
- Abnormal Labs:
Patient Information
28-year-old man with history of anxiety and depression presents to the ED complaining of worsening abdominal pain in the LLQ/RLQ accompanied with dark, tarry stools. Pt has not taken anything for pain. Pt.'s abdominal CT suggest colitis
Nursing Diagnosis/Outcomes
1. Diarrhea related to colitis, as evidenced by black tarry stools
a. NPO diet allowed the Pt's bowels to rest and heal, along with reducing pain. This also limited the amount bowel movements/and prevented further episodes of diarrhea.
b. Recording/observing the pt's stool-enabled further observation of the effectiveness of the treatment. Looking at the stool samples enabled us to determine if the medication is working or not.
2. Acute pain related to irritated/inflamed colon as evidenced by pain upon palpations
a. Promoting comfort measures and other diversional activities allowed the pt to become distracted from the pain
b. Administering analgesics alleviated the patient pain and improved patient's overall state of wellbeing.
3. Imbalanced nutrition: less than body requirements related to colitis colon as evidenced by NPO orders.
a. Pt. did not become dehydrated, and maintained body weight through IV fluids
b. Pt. was eased into eating food which prevented diarrhea and further irritation of the colon
Nursing Interventions
1.Implement diet restriction to allow bowels to rest
2.Observe/record stool characteristics to determine irritating factors
3. Encourage patient to use non-pharmacological interventions to reduce pain, such as the use of a heating pad.
4. Offer/administer prescribed pain medications
5. Administer IV access and implement fluids to the pt. to maintain fluid balance
6. Ease them into eating soft residue foods, only after diet restrictions have been lifted, to prevent the colon from shock.