N321 Care Plan # 3

Lakeview College of Nursing

Mallorie Mason

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
4/3/2021	W.W.	63 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Computer Analyst	Engaged	NKA
Code Status	**Height**	**Weight**	
Full Code	185cm	116.4 kg	

Medical History (5 Points)

Past Medical History: Paraplegic due to motor vehicle accident in 2020, Chron's Disease, Anxiety, Gastroesophageal reflux disease, Neurogenic bladder, and Insomnia.

Past Surgical History: Tonsillectomy (when he was a younger child), Vasectomy (1995), and Colostomy (August 2020).

Family History: Father: Passed away because of a heart attack Mother: Diabetes

Social History (tobacco/alcohol/drugs): The patient does not use any tobacco products. The patient did report the use of alcohol. The patient states, " I drink two- three glasses once a week". The patient preference on alcohol is cherry vodka and coke, margaritas, and occasionally beer. Patient does not use any recreational drugs.

Assistive Devices: Glasses, Wheelchair, Hoyer Lift

Living Situation: Patient lives in a house with his fiancé

Education Level: High school diploma. Patient went on to receive a certificate in computer analyst and accounting.

Admission Assessment

Chief Complaint (2 points): Fever with chills

History of present Illness (10 points): A 63-year-old male was brought into the emergency department by his fiancé on 4/3/2021. The patient was then admitted to Sarah Bush Hospital. The patient stated a week ago that he was being treated for a urinary tract infection (UTI) before his admission to the hospital. His provider had told him he had two bacteria growing, but one of the bacteria needed I.V. medications. The provider only prescribed him an oral antibiotic, which

cured only one of the bacteria and followed up if any symptoms occurred. The patient stated, “I finished up the oral antibiotics and two days go by, and I start to have a fever and chills. I also had a headache”. The patient thought he was experiencing COVID symptoms and thought he might have it, so that is why we went to the emergency department. The client cannot feel any pain with urination due to a motor vehicle accident which left him paralyzed waist down. The patient stated, “I noticed my urine was darker than normal, and it was cloudy that is how I know I have a UTI”.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): N/A

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

A urinary tract infection (UTI) is an infection in a person’s urinary system. An infection from the invasion of bacteria in the urinary tract (Cheever & Hinkle, 2018). There are two types of urinary tract infections upper and lower. Upper tract infections include pyelonephritis which is inflammation of the renal pelvis, interstitial nephritis which is inflammation of the kidney, and renal abscess, and perirenal abscess. Complication of pyelonephritis include end-stage kidney disease. The lower tract infection consists of cystitis which is inflammation of the urinary bladder, prostatitis which is inflammation of the prostate gland, and urethritis which is inflammation of the urethra (Cheever & Hinkle, 2018). The urinary tract is sterile. Urine can contain a high osmolarity, urea, and organic acids that can diminish bacterial viability in the bladder, so any obstruction in the urinary outflow makes the bladder less resistant to bacterial infections (Capriotti and Frizzell, 2020), which means that urine can be a perfect spot for

bacterial growth. For a urinary tract infection to occur, “bacteria must gain access to the bladder, attach to and colonize the epithelium of the urinary tract to avoid being washed out with voiding, invade host defense mechanisms, and initiate inflammation (Cheever & Hinkle, 2018, p. 1616). Urinary tract infections are the most common reason to seek health care.

There are many risk factors for UTIs. Risk factors for women include improper hygiene, wearing tight clothing, irritating bath products, and not using the bathroom before or after sexual intercourse. The risk factors for both males and females include urinary catheterization, dehydration, and diabetes. Benign prostate hypertrophy is the leading cause of UTIs in men. The patient has a major risk factor for urinary tract infections. The client uses a straight catheter which urinary catheterization is a main risk factor. Common signs and symptoms of a UTI are frequency, hesitancy, pain, or burning with urination. Blood may appear in the urine. The patient does not exhibit a significant amount of urine output but does feel like they need to urinate quite frequently. My patient did exhibit amber colored urine and a cloudy consistency. Vital signs of a patient with an infection look increased pulse, increased respirations, increased temperature, decreased oxygen saturation, and hypotension. Some of my patients vital signs correlated with the vital signs of infection. My patient had an increased temperature and decreased oxygen saturation.

The primary diagnostic test for a UTI is a urinalysis and urine culture (Capriotti and Frizzell, 2020). A urinalysis will show red blood cells in the urine, positive leukocyte esterase, and white blood cells (Capriotti and Frizzell, 2020). My patient’s urinalysis showed white blood cells, protein, and red blood cells in the urine. On a urine culture, infection is identified by bacteria colony count. Treatments for UTIs are antibiotics. The proper antibiotic to use is indicated through a culture and sensitivity test. Examples of medications to use for lower tract infections

include Nitrofurantoin and Fluoroquinolones. Keeping the patient hydrated is also an essential treatment for urinary tract infections. The specific antibiotic this client is taking to treat his urinary tract infection is called ertapenem.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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	4.28-5.56	3.96	3.53	The red blood cell count could be low due to the patient's urinary tract infection. If the urinary tract infection is in the kidneys, that may effect erythropoietin being made.
Hgb	13.0-17.0	12.3	10.9	Hgb is low because of red blood cells being low. This also has to do with the client having an urinary tract infection.
Hct	38.1-48.9	35.3	30.8	The Hct of this patient is low because of the trend of low red blood cells and hgb. The Hct is low because of the patient's urinary tract infection.
Platelets	149-393	78	75	Platelets may be low because the patient could have early onset of sepsis.
WBC	4.0-11.7	8.2	6.4	
Neutrophils	45.3-79.0	56.9	N/A	
Lymphocytes	11.8-45.9	29.7	N/A	
Monocytes	4.4-12.0	10.3	N/A	
Eosinophils	0.0-6.3	2.5	N/A	
Bands	0-700	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	134	137	May be lowered due to overhydration or an excessive intake of fluids.
K+	3.5-5.1	3.9	3.8	
Cl-	98-107	102	104	
CO2	21-31	26	26	
Glucose	74-109	138	161	Glucose could be high because the patient could have ate before the test or the patient could have diabetes. Glucose may also be elevated due to the clients infection and being ill. Blood glucose levels rise when a person is sick due to the body's natural response to produce cortisol.
BUN	7-25	18	25	
Creatinine	0.70-1.30	0.76	0.90	
Albumin	3.5-5.2	3.8	N/A	
Calcium	8.6-10.3	9.1	8.5	Calcium may be low due to malnutrition or renal problems
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.3-1.0	0.7	N/A	
Alk Phos	34-104	105	N/A	
AST	10-30	9	N/A	Sign of liver failure
ALT	10-40	9	N/A	Sign of liver failure or impairment
Amylase	30-110	N/A	N/A	

Lipase	10-140	N/A	N/A	
Lactic Acid	0.5-2.2	0.7	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	2-3	N/A	N/A	
PT	9.6-11.8sec	N/A	N/A	
PTT	30-40sec	N/A	N/A	
D-Dimer	≤250	N/A	N/A	
BNP	<125	N/A	N/A	
HDL	>60	N/A	N/A	
LDL	<130	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	<150	N/A	N/A	
Hgb A1c	4%-5.6%	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	Yellow Clear	Yellow Clear	N/A	
pH	5.0-8.0	5.0	N/A	
Specific Gravity	1.005-1.034	1.025	N/A	

Glucose	Normal	Negative	N/A	
Protein	Negative	Trace (A)	N/A	Means bacteria is in the urine
Ketones	Negative	Negative	N/A	
WBC	<=5	2	N/A	
RBC	0-3	4	N/A	Bacteria in the urine pertains to clients UTI
Leukoesterase	Negative	Negative	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 Growth	Negative	N/A	
Blood Culture	Negative Growth	Negative	N/A	
Sputum Culture	Negative Growth	N/A	N/A	
Stool Culture	Negative Growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Diagnostic Imaging

All Other Diagnostic Tests (5 points): A chest x-ray was preformed on 4/3/2021. The findings were no acute cardiopulmonary process. Normal heart size. Lungs were clear and no pneumothorax or pleural effusion.

Diagnostic Test Correlation (5 points): The chest x-rays was preformed because of the clients fever. An infection was suspected and an x-ray would rule of pneumonia.

Diagnostic Test Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

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

Home Medications (5 required)

Brand/Generic	N/A	mirabegron Myrbetriq	zolpidem Ambien	famotidine Pepcid	gabapentin Gralise
Dose		50 mg	6.25 mg	20 mg	800 mg
Frequency		Daily	HS PRN	BID	QID

Route		Oral	Oral	Oral	Oral
Classification		Pharmacologic: Beta-3 adrenergic agonist Therapeutic: Bladder antispasmodic	Pharmacologic: Imidazopyridine Therapeutic: Hypnotic	Pharmacologic: Histamine-2 blocker Therapeutic: Antiulcer agent	Pharmacologic: 1-amino-methyl-cyclohexaneacetic acid Therapeutic: Anticonvulsant
Mechanism of Action		"Relaxes the detrusor smooth muscle during the storage phase of the urinary bladder fill-void cycle by activating the beta-3 adrenergic receptor, which increases bladder capacity, urge sensation is decreased, and decreases urinary frequency" (Jones and Bartleett, 2020, p. 814).	"May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitter . By binding to specific benzodiazepine receptors in the limbic and cortical areas of the CNS, zolpidem increases GABA's inhibitory effects, blocks cortical and limbic arousal, and preserves deep sleep" (Jones and Bartleett, 2020, p. 1335).	"Hydrochloric acid (HCl) can inflame, ulcerate, and perforate gastric and intestinal mucosa normally protected by mucus. Famotidine, reduces HCl formation by preventing histamine from binding with H2 receptors on the surface of parietal cells" (Jones and Bartleett, 2020, p. 475).	"Gabapentin exact mechanism of action is unknown, GABA inhibits the rapid firing of neurons associated with seizures. It also may prevent exaggerated response to painful stimuli and pain-related response to normally innocuous stimulus to account for its effectiveness in relieving postherpetic neuralgia and restless leg syndrome" (Jones and Bartleett, 2020, p. 544).
Reason Client Taking		Neurogenic Bladder	Help patient sleep	GERD	Muscle spams
Contraindications (2)		1)Hypersensitivity to mirabegron 2)Severe uncontrollable hypertension	1)Renal impairment 2)Ritonavir therapy	1)Hypersensitivity to famotidine 2)Hypersensitivity to other H2 receptor antagonist	1)Hypersensitivity to Gabapentin 2) Renal impairment
Side Effects/Adverse Reactions (2)		1)Hypertension 2)Angioedema	1)Throat tightness 2)Suicidal ideation	1) Neutropenia 2)Aplastic anemia	1) Thrombocytopenia 2)Hyponatremia
Nursing Considerations (2)		1)Mediation takes up to 8 weeks to start showing efficiency with 25 mg strength. 2)Monitor for angioedema of the face, lips, and tongue. May occur after hours after the first	1)Administer medication just before the patient's bedtime 2) If the client is taken other CNS depressants expect to reduce the dose of Zolpidem.	1)Oral suspension should be shaken for five to ten seconds before administration 2) Give I.V. injection over a two minute time frame	1)Capsules can be opened and mixed with applesauce before administering 2)Give Gabapentin at least two hours after antiacid

		dose.			

Hospital Medications (5 required)

Brand/Generic	ertapenem Invanz	duloxetine Cymbalta	Simethicone Infacol	oxybutynin Ditropan	pantoprazole Protonix
Dose	1,000 mg	30 mg	80 mg	10 mg	40 mg
Frequency	Every 24 hours	BID	PRN	Daily	Daily
Route	IV Piggyback	Oral	Oral	Oral	Oral
Classification	Pharmacologic: Carbapenem Therapeutic: Antibiotic	Pharmacologic: Selective serotonin and norepinephrine reuptake inhibitor Therapeutic: Antidepressant	anti-flatulence	Pharmacologic: Anticholinergic Therapeutic; Antispasmodic	Pharmacologic: Proton pump inhibitor Therapeutic: Antiulcer
Mechanism of Action	"Inhibits bacterial cell wall synthesis by binding to specific penicillin-binding proteins inside the cell wall. Penicillin-binding proteins are responsible for various steps in bacterial cell wall synthesis. Causing bacterial cell wall lysis" (Jones and Bartleett, 2020, p.422).	" Inhibits dopamine, neuronal serotine, and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS. These activities may elevate mood and inhibit pain signals stemming form peripheral nerves adversely affected by chronically	"Simethicone is a silicone compound that functions as a non-systemic surfactant, decreasing the surface tension of gas bubbles in the GI tract. This action results in coalescence and dispersion of the gas bubbles allowing their removal from the GI tract as flatulence or belching" (Ingold and Akhondi, 2020).	"Exerts antimuscarinic and potent direct antispasmodic actions on smooth muscle in the bladder and decreases detrusor muscle contractions. The results is increased bladder capacity and a decreased urger to void" Jones and Bartleett, 2020, p. 931).	"Pantoprazole irreversibly inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCL from forming" (Jones and Bartleett, 2020, p. 951).

		elevated serum glucose level" (Jones and Bartleett, 2020, p. 379).			
Reason Client Taking	Urinary Tract Infection	Anxiety	Gas	Neurogenic bladder	GERD
Contraindications (2)	1)Hypersensitivity to ertapenem 2)Hypersensitivity to local anesthetics of the amide type	1) Chronic liver disease 2) Renal impairment glomerular filtration less than 30 mL/min	1)Hypersensitivity to medication 2)Breastfeeding	1) Acute hemorrhage 2)angle-closure glaucoma	1)Hypersensitivity to pantoprazole 2)Concurrent therapy with rilpivirine containing products
Side Effects/Adverse Reactions (2)	1)Atelectasis 2)Respiratory distress	1)Hypertensive crisis 2)Hepatis	1)Hypertension 2)Diarrhea	1)Arrhythmias 2)Asthma	1)Pancreatitis 2)Hypomagnesemia
Nursing Considerations (2)	1)Obtain urine, sputum, or other cultures for culture and sensitivity test before administrating ertapenem 2)Inspect drug for particles and discoloration after reconstitution	1)Avoid stopping duloxetine abruptly. Withdrawal symptoms may occur and dose should be tapered. 2)Obtain patients' blood pressure before administering medication.	1)Abdominal x-ray can help determine if medication is working properly 2) Medication is not absorbed systemically. No serum lab test	1)Asses urinary symptoms before and after administration of oxybutynin. 2)Make sure patient swallows E.R. tablets and do not chew or crush tablets.	1)Monitor PT or IRN if client takes anticoagulants 2)Flush I.V. line with normal saline before and after administration of medication

Medications Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Ingold CJ, Akhondi H. Simethicone. [Updated 2020 Jul 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK555997/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and responsive. The patient is responsive to verbal stimuli. The patient is oriented to place, time, person, and situation. The patient does not appear to be in any distress The patient is well groomed, dress appropriate, and has good hygiene.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patients skin color is normal for Caucasian ethnicity Character of the patients skin is dry and intact The skin was warm to touch Skin turgor was elastic and returned back to normal in less than two seconds No rashes No Bruises No wounds Patient did have a spot on his sacral that was red and barrier cream was applied Braden score: 11 No drains present
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were symmetrical No trauma to the head No tracheal deviation was presented, thyroid and lymph nodes were not palpable Eyes were symmetrical, sclera was white, no erythema, discharge, or conjunctiva. Patient does have vison problems. The patient uses glasses. Six cardinals were preformed and pupils were equal round and reactive to light and accommodation. No discharge or erythema on the nose. Nose was midline of the face. No turbinate's, polyps, deviated symptom was seen. Patient had good dental care. The mucosa membrane was pink and moist. Rise and fall of the soft palate was seen.
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:**	Sinus Rhythm, Heart sounds S1 and S2 were heard. No murmurs or gallops. S3 and S4 were not heard. Peripheral pulses: 3+ normal Capillary refill: After nail was blanched nail bed returned back to normal in less than two seconds. No neck vein distention No edema
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	No use of accessory muscles. Respiration and breathing pattern were regular. Clear vesicular breath sounds were heard anterior and posterior lungs. No wheezes, crackles, or diminished lung sounds were identified.
GASTROINTESTINAL (2 points):	The patients current diet at home is regular. The

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:**	patient has no dietary restriction The patients current diet at the hospital is regular. 185 cm 116.4 kg Bowel sounds were active in all four quadrants 4/6/2021 No masses or tenderness was felt upon palpitation No distention No incision No scars No drains No wounds Patient did have an ostomy in his left lower quadrant. Ostomy was inspected. Ostomy was pink and shiny. No nasogastric, feeding, or PEG tubes
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type:** Straight Catheter **Size:** 16 French	Color of the patients urine is mostly yellow. Sometimes the patient feels as if his urine is more dark than it should be. Character is normally clear but sometimes he finds it cloudy and hazy. Patient does uses a straight catheter about every six hours. Patient does preform this at home as well.
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☐**	Range of motion is active in the clients upper extremities, but passive in clients lower extremities such as his legs. Client uses a Hoyer lift and a wheelchair Client's strength in his arms is a 5 active motion against full resistance. Client's strength in his legs is 0 due to paralysis. Patient needs help to ADL assistance when it comes to his lower extremities. Client needs help being transferred, straight catheter, cleaning his sacral area, and bathing lower extremities areas. Client can brush teeth and eat himself. Fall Risk Score: 85 Client is total dependent on care partners to transfer him to the bed from his chair or vice versa. The client needs help with the Hoyer lift and the straight catheter.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒**	Patient can not move all extremities well. Patient cannot move lower extremities at all, but has full range of motion

PERLA: Y ☒ N☐ **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	in upper extremities. Pupils were equal round and reactive to light and accommodation Strength is not equal in his legs because of his paralysis. Patient strength is 0 in the legs. Patients arm strength is equal. Patient is oriented to person, time, place and situation. Normal cognition Patients speech is clear A + O x 4. Patient is alert and awake and answered 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):**	Coping methods: patient does not have any hobbies he enjoys. Patient states, his coping methods are, "going to a bar, having a couple drinks, and talking to people". The patient enjoyed doing that before his motor vehicle accident and feels he will be limited now. The patient can read and write without any restrictions besides he needs his glasses. Patient's religion is Christian and he goes to bible church The patient states, "I have a good family support system, they come to visit me a lot".

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:06	72 bpm	158/88 mm Hg	16 breaths per minute	37.0 degrees Celsius	92%
11:05	88 bpm	150/80 mm Hg	18 breaths per minute	36.2 degrees Celsius	91%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:00	0-10	Head	7	Dull	Gave the patient tramadol as prescribed.
10:35	0-10	Head	7	Dull and Agitating	The tramadol did not work, so gave the patient prescribed Tylenol.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock

Size of IV: Both IV's 18 inch gauge **Location of IV:** Peripheral IV midline left arm Peripheral IV Right AC **Date on IV:** Midline was placed 4/6/21 Right AC IV was placed 4/3/21 **Patency of IV:** Blood was returned **Signs of erythema, drainage, etc.:** No signs of erythema or drainage **IV dressing assessment:** IV's were assessed at 8:00. Both IV's flushed well and intact. Patient just had dried up blood around Right AC IV.	Right AC IV: Saline Lock Midline: Were the client is receiving ertapenem 1,000 mg IV piggyback every 24 hours.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
12,000 mL	800 mL

Nursing Care

Summary of Care (2 points)

Overview of care: I took the clients vital signs. The nurse and I passed the client's medications. The nurse, care partner, and I used the Hoyer lift to move the client to his wheelchair. The nurse and I got his discharge folder ready and presented it to him. I took the clients Right AC IV out. I also preformed a head-to-toe assessment on the client.

Procedures/testing done: No testing or procedures done on 4/7/21

Complaints/Issues: The patient complained of having a headache but other than that no issues.

Vital signs (stable/unstable): Client's oxygen saturation levels were low. The patient's blood pressure was high. Patient had been running fever prior to day of discharge.

Tolerating diet, activity, etc.: Patient was cleaned up and barrier cream was applied. Patient tolerated being cleaned up and liked that we put the barrier cream on his sacral area. The patient was transferred to his chair were he was dressed in his discharge clothes. Patient tolerated being transferred to his chair and getting dressed. The patient was excited to be going home, and even helped the nurse and I with the Hoyer lift. Client ordered breakfast and ate. Client tolerated breakfast as he ate 100% of his food.

Physician notifications: Physician put in discharge plans and notifications

Future plans for patient: Discharge

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): A visiting nurse will come every day to administer what is left of the antibiotics for the client's urinary tract infection.

Equipment needs (if applicable): Antibiotics, IV pole, and tubing for clients midline

Follow up plan: After the antibiotic finishes follow up with point of care provider to ensure the client's symptoms and infection has improved and no infection is still present.

Education needs: Client and family needs education on proper techniques for using a urinary straight catheter. How to keep the procedure sterile and clean. This may help prevent the clients reoccurring urinary tract infections.

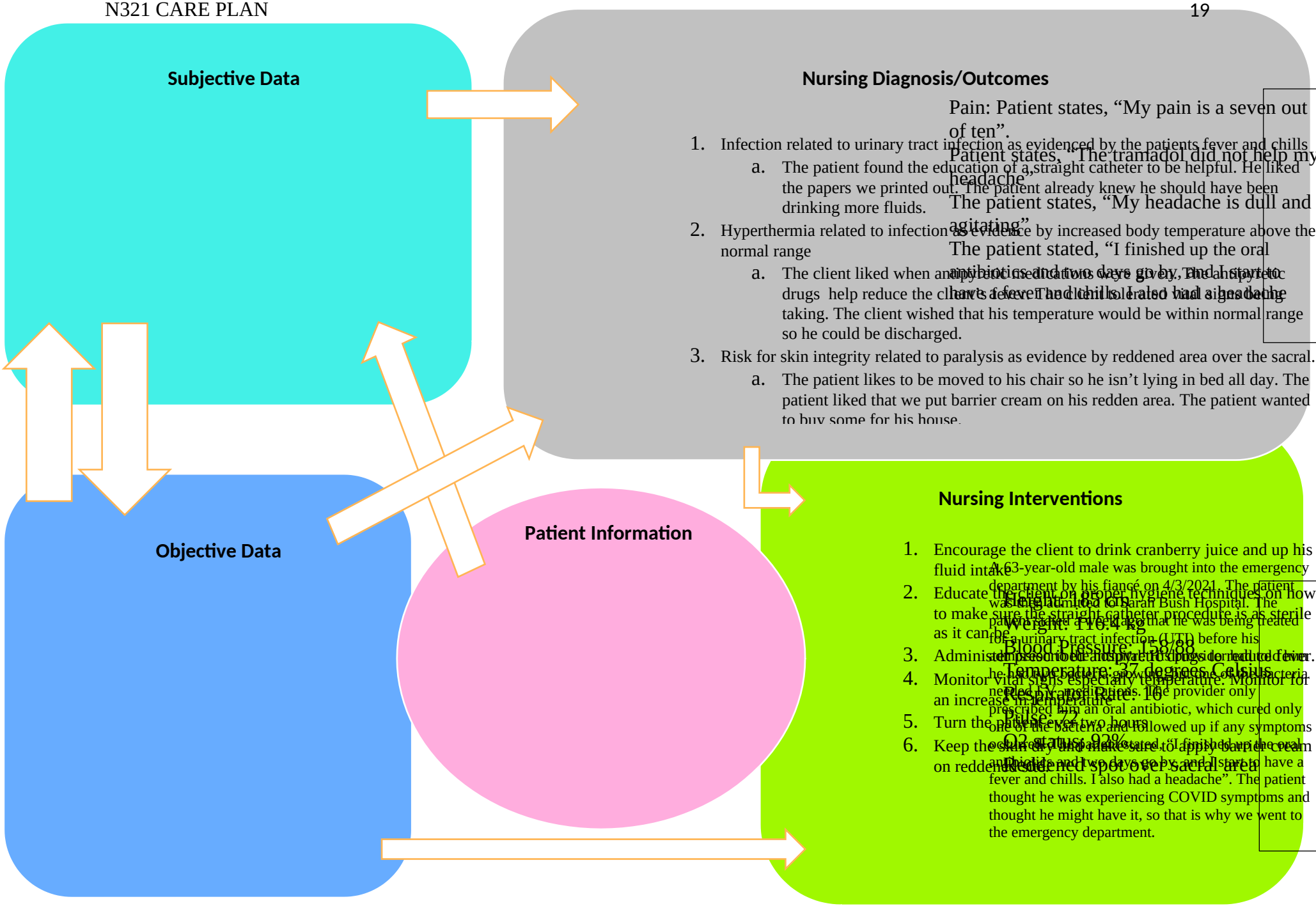
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Infection related to urinary tract infection as evidenced by the patients fever and chills	The patient has a urinary tract infect and has them quite frequently this may be due to patient having to straight catheter himself. The patient exhibits a fever when an urinary tract infection is occur or he already has one.	**1.** Encourage the client to drink cranberry juice and up his fluid intake **2.**Educate the client on proper hygiene techniques on how to make sure the straight catheter procedure is as sterile as it can be.	The patient found the education of a straight catheter to be helpful. He liked the papers we printed out. The patient already knew he should have been drinking more fluids.
2. Hyperthermia related to infection as evidence by increased body temperature above the normal range	The patient is at risk for hyperthermia because of the infection caused by the urinary tract infection. The patient upon arrival was exhibiting fairly high abnormal body temperature.	**1.** Administer prescribed antipyretic drugs to reduce fever. **2.**Monitor vital signs especially temperature. Monitor for an increase in temperature	The client liked when antipyretic medications were given. The antipyretic drugs help reduce the client's fever. The client tolerated vital signs being taking. The client wished that his temperature would be within normal range so he could be discharged.
3. Risk for skin integrity related to	The patient cannot turn himself in bed. This puts the client at	**1.**Turn the patient ever two hours	The patient likes to be moved to his chair so he isn't lying in bed all day. The patient liked

paralysis as evidence by reddened area over the sacral.	risk for pressure ulcers.	**2.**Keep the skin dry and make sure to apply barrier cream on reddened site.	that we put barrier cream on his redden area. The patient wanted to buy some for his house.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Pain: Patient states, “My pain is a seven out of ten”.
Patient states, “The tramadol did not help my headache”
The patient states, “My headache is dull and agitating”
The patient stated, “I finished up the oral antibiotics and two days go by, and I start to have a fever and chills. I also had a headache
Nursing Diagnosis/Outcomes
1. Infection related to urinary tract infection as evidenced by the patients fever and chills
a. The patient found the education of a straight catheter to be helpful. He liked the papers we printed out. The patient already knew he should have been drinking more fluids.
2. Hyperthermia related to infection as evidence by increased body temperature above the normal range
a. The client liked when antipyretic medications were given. The antipyretic drugs help reduce the client’s fever and client tolerated vital signs being taking. The client wished that his temperature would be within normal range so he could be discharged.
3. Risk for skin integrity related to paralysis as evidence by reddened area over the sacral.
a. The patient likes to be moved to his chair so he isn’t lying in bed all day. The patient liked that we put barrier cream on his redden area. The patient wanted to buy some for his house.
Objective Data
Patient Information
A 63-year-old male was brought into the emergency department by his fiancé on 4/3/2021. The patient was admitted to Sarah Bush Hospital. The patient stated that he was being treated for a urinary tract infection (UTI) before his admission to the hospital. Upon admission, he had a fever. The provider only prescribed him an oral antibiotic, which cured only one of the bacteria and followed up if any symptoms occurred. The patient stated, “I finished up the oral antibiotics and two days go by, and I start to have a fever and chills. I also had a headache”. The patient thought he was experiencing COVID symptoms and thought he might have it, so that is why we went to the emergency department.
Weight: 116.4 kg
Blood Pressure: 158/88
Temperature: 37 degrees Celsius
Respirate: 16
Pulse: 72
O2 status: 92%
Reddened spot over sacral area
Nursing Interventions
1. Encourage the client to drink cranberry juice and up his fluid intake
2. Educate the client on proper hygiene techniques on how to make sure the straight catheter procedure is as sterile as it can be
3. Administer antipyretic drugs to reduced fever.
4. Monitor vital signs especially temperature. Monitor for an increase in temperature
5. Turn the patient every two hours
6. Keep the skin dry and make sure to apply barrier cream on reddened area