

N321 Care Plan # 3  
Lakeview College of Nursing  
Claire Guyon

**Demographics (3 points)**

<b>Date of Admission</b> 4-18-21	<b>Patient Initials</b> EC	<b>Age</b> 58	<b>Gender</b> F
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Disabled	<b>Marital Status</b> Married	<b>Allergies</b> Bupropion Buspar Imitrex- rash Ketorolac- Nausea, vomiting, eruption Sumatriptan nasal- Nausea, vomiting, eruption Toradol- rash Wellbutrin
<b>Code Status</b> Full Code	<b>Height</b> 168.4 cm	<b>Weight</b> 56 kg	

**Medical History (5 Points)**

**Past Medical History:** anxiety, asthma, a-fib, chronic anticoagulation, COPD, history of MRSA, PTSD

**Past Surgical History:** Cesarean section: 1987, 1988, hysterectomy, lobectomy

**Family History:** Congestive Heart Failure (Grandmother-mother side), lung cancer (mother)

**Social History (tobacco/alcohol/drugs):** States she does not use Alcohol & Drugs. She states she does smoke a half a pack of cigarettes a day.

**Assistive Devices:** N/A

**Living Situation:** She lives at home with her husband.

**Education Level:** She does have some college education.

**Admission Assessment**

**Chief Complaint (2 points):** Abdominal pain and diarrhea for the past year

**History of present Illness (10 points):** A 58-year-old Caucasian female presented to the ED with a complaint of abdominal pain and diarrhea. She does have a history of COPD, A-fib,

PTSD, history of a lobectomy and hysterectomy. She does smoke a half a pack of cigarettes a day but denies using drugs or alcohol. Patient states she has been having this abdominal pain for the past 5 days and it has been worsening. She rates the pain a 10/10. She was seen this morning for the same abdominal pain in the ED but when the doctor suggested that she be admitted patient said she had appointments in Champaign that she did not want to miss. Patient was discharged with Augmentin. She now presents back to the ED and she has decided that she does in fact want to be admitted. She also reports that she has been having diarrhea for the past year and does have a coloscopy scheduled in Champaign on May 4<sup>th</sup>. Patient does deny any blood in her stool and she does feel nauseated but does deny vomiting.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (2 points):** Diverticulitis

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

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

There are two different diverticular disease one is diverticulosis and diverticulitis. Diverticulosis is small, weakened area in the bowel that can form pouches. These pouches are called diverticula. The diverticula can become infected from the intestinal contents not being properly moved and that are just sitting in these pouches. When they become infected it is called diverticulitis. In the colonic wall there are branches of blood vessels which can cause weakness in the bowel's musculature. When this happens to can cause a protrusion in the bowel during periods of intra-abdominal pressure. These are the spots where the diverticula are developed. When the bowel is not moving the contents properly it can lead to those intestinal contents becoming trapped in the diverticula which is where the irritation and infection comes in causing

diverticulitis. When there is chronic diverticulitis that can lead to a lot of scarring and narrowing of the lumen of the bowel (Capriotti, 2020).

There are multiple signs and symptoms of diverticulitis such as pain that can present as dull, episodic, or steady. This can be in the left or middle of the abdomen. There can also be a fever present or tachycardia. Constipation, diarrhea, increases flatulence, abdominal tenderness, and or palpable mass can be expected findings of diverticulitis (Capriotti, 2020). Ways to diagnose diverticulitis would be checking the blood and urine for signs of infections and a CT scan to identify where the abdominal pain is coming from and know if it is exactly diverticulitis or something else causing this pain. Treatment of diverticulitis is antibiotics to treat the infection and liquid diet for a few days to help and try to give your bowel a break from hard foods. This is for people with uncomplicated diverticulitis. Complicated diverticulitis treatment might need to be hospitalized to receive IV antibiotics and may need a tube to drain any abscess if the patient has one. The patient may need surgery to help treat their diverticulitis if they have a perforation in their bowel wall or need a bowel resection to remove the disease parts of their bowel. This may be one of the only ways to help resolve the patient's problems with diverticulitis (Mayo, 2020).

When my patient came into the ER, we gave her a CT scan of her abdomen right away because we knew we would not have any way of knowing what this horrible pain this patient was and is going through without it. So, by finding out that she has diverticulitis and now knowing the cause of her abdominal pain we can properly start treating her. We admitted her to the hospital because we knew her case was complicated since she has been having severe abdominal pain 10/10 rating, so we need to try and control her pain with pain medications. We also know that she is having nonstop diarrhea for the past year, so we also need to try and figure

out a way to try and stop that from happening. Admitting her to the hospital will put her in a controlled environment not just for her medications but also for her diet to make sure she is not going to eat anything that is going to upset her bowels even more, so putting her on that clear liquid diet. So, we are controlling her pain medications as well as her diet as well as giving her antibiotics to control her infection in her bowels.

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

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives*. [FADavis]. Retrieved from <https://fadavisreader.vitalsource.com/#/books/9781719641470/>

Mayo Foundation for Medical Education and Research. (2020, May 7). *Diverticulitis*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/diverticulitis/diagnosis-treatment/drc-20371764>.

### 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	3.8-5.41	3.89		
<b>Hgb</b>	<b>11.3-15.2</b>	<b>11.1</b>		Her hemoglobin is low due to her diverticulitis. (Wilkins et al., 2009)
Hct	33.2-45.3	34		
Platelets	149-393	375		
WBC	4-11.7	6.6		
<b>Neutrophils</b>	<b>45.3-79</b>	<b>44.8</b>		Her neutrophils are probably low due

				to her diverticulitis which is causing her to have an infection (Neutropenia, 2009).
<b>Lymphocytes</b>	11.8-45.9	33.5		
<b>Monocytes</b>	4.4-12	11.8		
<b>Eosinophils</b>	0-6.3	8.7		The eosinophils could be high due to her having inflammation from her diverticulitis. (Eosinophilia, 2019)
<b>Bands</b>	<10			

**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>	136-145	142		
<b>K+</b>	3.5-5	4.4		
<b>Cl-</b>	98-107	108		She could be having high levels of Cl- due to her excessive diarrhea. (Cafasso, 2018)
<b>CO2</b>	21-31	27		
<b>Glucose</b>	70-100	87		
<b>BUN</b>	7-25	7		
<b>Creatinine</b>	0.7-1.3	0.75		
<b>Albumin</b>	3.5-5.7	N/A		
<b>Calcium</b>	8.6-10.3	N/A		
<b>Mag</b>	1.7-2.2	N/A		
<b>Phosphate</b>	3.4-4.5	N/A		
<b>Bilirubin</b>	0.3-1.5	N/A		

<b>Alk Phos</b>	38-126	N/A		
<b>AST</b>	20-64	N/A		
<b>ALT</b>	14-54	N/A		
<b>Amylase</b>	30-110	N/A		
<b>Lipase</b>	10-140	N/A		
<b>Lactic Acid</b>	4.5-19.8	N/A		

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	<1.1 or 2-3 therapeutic	N/A	N/A	N/A
<b>PT</b>	10-30 Therapeutic 30-90	N/A	N/A	N/A
<b>PTT</b>	10-40 Therapeutic 120-140	N/A	N/A	N/A
<b>D-Dimer</b>	<0.5	N/A	N/A	N/A
<b>BNP</b>	<100-300	N/A	N/A	N/A
<b>HDL</b>	>60	N/A	N/A	N/A
<b>LDL</b>	<100	N/A	N/A	N/A
<b>Cholesterol</b>	<200	N/A	N/A	N/A
<b>Triglycerides</b>	<150	N/A	N/A	N/A
<b>Hgb A1c</b>	4%-5.6%	N/A	N/A	N/A
<b>TSH</b>	0.4-4	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	N/A	N/A	N/A	N/A
pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	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	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	Negative	Negative		

Lab Correlations Reference **(1)** (APA):

Cafasso, J. (2018, September 18). Hyperchloremia (high CHLORIDE LEVELS): Treatment and causes. Retrieved April 25, 2021, from <https://www.healthline.com/health/hyperchloremia#causes>

Eosinophilia. (2019, October 08). Retrieved April 25, 2021, from [https://www.mayoclinic.org/symptoms/eosinophilia/basics/definition/sym-20050752#:~:text=Eosinophils%20are%20a%20type%20of,or%20inflammation%20\(tissue%20eosinophilia\).](https://www.mayoclinic.org/symptoms/eosinophilia/basics/definition/sym-20050752#:~:text=Eosinophils%20are%20a%20type%20of,or%20inflammation%20(tissue%20eosinophilia).)

Neutropenia: Causes, symptoms, and treatment. (n.d.). Retrieved April 25, 2021, from <https://www.webmd.com/a-to-z-guides/neutropenia-causes-symptoms-treatment>

Wilkins, T., Baird, C., Pearson, A. N., & Schade, R. R. (2009, November 1). *Diverticular Bleeding*. American Family Physician. <https://www.aafp.org/afp/2009/1101/p977.html>.

## Diagnostic Imaging

### All Other Diagnostic Tests (5 points):

CT of Abdomen and Pelvis with Contrast:

Lungs: there is a nodular infiltrate within right middle lobe of lung which is incompletely included within field of view.

Liver: The liver is enlarged measuring 22.3 cm. No mass.

Gallbladder and bile ducts: normal no calcified stones. No ductional dilation

Pancreas: normal, no dilation

Spleen: normal no splenomegaly

Adrenal glands: normal no mass

Kidney and ureters: normal no hydrophobic

Stomach and bowel: There are inflammation surround diverticula within the sigmoid colon compatible with diverticulitis There is mild haziness or fat. Moderate retained stool within the right colon

Appendix: no evidence of appendicitis

Intraparietal space: Normal appendix there Is no associated obese free fluid or free gas

vasculature: unremarkable no abdominal aortic aneurysm

Lymph nodes: unremarkable

Urinary bladder: unremarkable

Reproductive: the uterus us surgically absent

Bones and joints: unremarkable

Soft tissues: unremarkable

Impression: sigmoid colon diverticulitis with no evidence of perforation.

Stable nodular infiltrate with in right middle lobe of lung

Hepatomegaly

**Diagnostic Test Correlation (5 points):** The abdominal CT was ran due to the patients extreme abdominal pain and we were trying to figure out what is causing her all this pain. We wanted to be able to find if she has any infection and figure out where the abdominal pain is coming from. We also wanted to make sure there wasn't any damage to any of her internal organs that need surgery.

**Diagnostic Test Reference (1) (APA):**

Publishing, H. H. (n.d.). *Abdominal CT Scan (Computed Tomography Scan)*. Harvard Health. <https://www.health.harvard.edu/diseases-and-conditions/abdominal-ct-scan-computed-tomography-scan-a-to-z>.

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

**Home Medications (5 required)**

<b>Brand/ Generic</b>	Alprazolam/ Alprazolam Intensol	Tramadol/ ConZip	Lactobacillus/ acidophiles	cholecalcif erol	Albuterol/ AccuNeb
<b>Dose</b>	1 mg	50 mg	1 capsule	10 mcg	2 puffs(90mcg/i nhale)
<b>Frequency</b>	TID	Every 6 hours PRN	daily	QID	Every 4 hours PRN
<b>Route</b>	Orally	Orally	Orally	Nebulizer	inhaled
<b>Classificatio n</b>	Pharmacolo gical: benzodiazep ine Therapeutic: Anxiolytic, antipanic	Pharmacolo gical: opioid agonist Therapeutic: opioid analgesic	Friendly bacteria	vitamins	Pharmacologic al: adrenergic Therapeutic: bronchodilator
<b>Mechanism of Action</b>	may increase effects of gamma amino you trick acid and other inhibitory neurotransm itters by binding to specific benzodiazep ine receptors in cortical an limbic areas of the CNS GABA inhibits excitatory stimulation which helps control emotional behavior the limbic system	binds with immune receptors inhibits the reuptake of norepinephri ne and serotonin which may account for terminals analgesic effect	Works by inhibiting or decreasing the growth of harmful microorganisms in the gut by producing lactic acid.	Binds to vitamin D receptors and modulates gene expression	albuterol attaches to beta two receptors on bronchial cell membranes which stimulates the intracellular enzyme adeen no lactate cyclist to convert Denison triphosphate to cyclic dinesen monosphat e this reaction decreases intracellular calcium levels it also increases intracellular levels of C AMP as shown

	contains many benzodiazepine receptors which may help explain drugs antianxiety effects				together these effects relax bronchial smooth muscle cells and inhibit histamine release
<b>Reason Client Taking</b>	anxiety	to relieve pain severe enough to require opioid like treatment and for which alternative treatment options such as non opioid analgesic or opioid combination products are inadequate or not tolerated	Diarrhea	For calcium and phosphorus	to prevent bronchospasms
<b>Contraindications (2)</b>	acute angle closure glaucoma , hypersensitivity	a Q or severe bronchial asthma in the absence of resuscitative equipment or unmonitored setting , alcohol intoxication	Immunocompromised patient, patients with GI wall perforation	Breastfeeding mother, hypersensitivity	hypersensitivity
<b>Side Effects/ Adverse Reactions (2)</b>	hepatitis , hepatic failure	seizures , suicidal ideations	Increased thirst, bloating	No side effects	angina , arrhythmias

<p><b>Nursing Considerations (2)</b></p>	<p>expect to give a higher dosage if patients panic attacks occur unexpectedly or during such activities as driving, plan to reduce dosage slowly when alazapram is discontinued as ordered because use can lead to dependency</p>	<p>be aware that tramadol shouldn't be given to patients with a history of reactions to codeine or other opioids , avoiding giving terminal to patients with acute abdominal conditions because it may mask evidence and disrupt assessment of the abdomen</p>	<p>Do not give to a patient who is allergic to lactobacillus, children cannot take this drug keep out of reach</p>	<p>Do not give to a patient who has high levels of calcium or phosphorus , this medication does pass into breastmilk</p>	<p>administer pressurized inhalations of albuterol during second half of inspiration when Airways are open wider an aerosol distribution is more effective , monitor serum potassium levels because albuterol may cause transient hypokalemia</p>
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**Hospital Medications (5 required)**

<p><b>Brand/ Generic</b></p>	<p>Flagyl/ metronidazole</p>	<p>Acetaminophen/ Tylenol</p>	<p>Hydrocodone/ hysingla</p>	<p>Hydromorphone/ dilaudid</p>	<p>Ondansetron/ Zophran</p>
<p><b>Dose</b></p>	<p>500mg=</p>	<p>1000mg</p>	<p>5mg-325mg</p>	<p>0.5mg=0.5m</p>	<p>50 mg</p>

	100mL 200 mL/hr			L	
<b>Frequency</b>	Every 8 hours	Every 6 hours PRN	Every 4 hours PRN	Every 2 hours PRN	Every 6 hours
<b>Route</b>	IV piggyback	Orally	Orally	IV push	Orally
<b>Classification</b>	Pharmacological: nitroimidazole Therapeutic: antiprotozoal	Antipyretic, nonopioid analgesic	Pharmacological: Opioid Therapeutic: Opioid analgesic	Pharmacological: opioid Therapeutic: opioid analgesic	antiemetic
<b>Mechanism of Action</b>	undergoes intercellular chemical reduction during anaerobic metabolism after metronidazole is reduced it damages DNA's helical structure in brackets strands which inhibits bacterial nucleic acid synthesis and causes cell death	Inhibits the enzyme cyclooxygenase, blocking prostaglandin Production an interfering with pain impulse generation in the peripheral nervous system acetaminophen also acts directly on temperature regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	finds two in activates opioid receptors at sites in the Perry aqueduct to land Perry ventricular grey matter the ventromedial medulla in the spinal cord to produce pain relief	may bind with opioid receptors in the spinal cord and higher levels in the CNS in this way hydromorphone is believed to stimulate Kappa and immune receptors thus altering the perception in emotional response to pain	Block serotonin receptors central in the chemo receptor trigger zone an peripherally at vagal nerve terminals in the intestines this action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS may also bind to other serotonin receptors

					into its MU opioid receptors
<b>Reason Client Taking</b>	to treat systemic anaerobic infection	To relieve mild to moderate pain	to manage severe pain	to really paint severe enough to require opioid treatment and for which alternative treatment options such as non-opioid analgesics or opiate combination products are inadequate or not tolerated	to prevent nausea and vomiting
<b>Contraindications (2)</b>	breast feeding, hypersensitivity	Hypersensitivity to acetaminophen or its components severe hepatic impairment severe active liver disease	acute or severe bronchial asthma or hypercarbia , children under the age of 18 for use with cold and cough medications	acute asthma , hypersensitivity	Concomitant use of apomorphine, congenital long QT syndrome
<b>Side Effects/Adverse Reactions (2)</b>	leukopenia , neutropenia	Hypotension, Hemolytic anemia( with long term use)	CNS depression, coma	adrenal insufficiency, respiratory depression	Hypertension, serotonin syndrome
<b>Nursing Considerations (2)</b>	use cautiously in patients with CNS diseases, used cautiously in patients with blood dyscrasias or a history of such because metronidazole	1.Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease alcoholism chronic	monitor effectiveness of hydrocodones in relieving pain , monitor patients with seizure history or disorder because	rotate I.M. And subcutaneous injection sites, give Ivy form by direct injection over at at least two minutes four infusion mix drug with	place disintegrating tablet or oral soluble film on patients tongue immediately after opening

	therapy has caused a granulocytosis leukopenia in neutropenia in some patients	malnutrition severe hypovolemia or severe renal impairment 2. Monitor renal function in patient on long term therapy keep in mind that blood or albumin in urine may indicate nephritis; Decreased urine output may indicate renal failure and dark Brown urine may indicate presence of the metabolite phenacetin	hydrocodones may cause or worsen seizures	D5W normal Saline solution or bring your solution	package it dissolves in seconds, use calibrated container or oral syringe to measure dose of oral solution
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**Medications Reference (1) (APA):**

*2020 Nurse's drug handbook.* (2020). Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

<p><b>GENERAL (1 point):</b>  <b>Alertness:</b> Alert and Responsive  <b>Orientation:</b> O x4</p>	
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<p><b>Distress:</b> Not in distress  <b>Overall appearance:</b> Clean, well groomed, appropriate</p>	
<p><b>INTEGUMENTARY (2 points):</b>  <b>Skin color:</b> pink  <b>Character:</b> dry, intact  <b>Temperature:</b> warm  <b>Turgor:</b> elastic  <b>Rashes:</b> No  <b>Bruises:</b> No  <b>Wounds:</b> No  <b>Braden Score: 19</b>  <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Type:</b></p>	
<p><b>HEENT (1 point):</b>  <b>Head/Neck:</b> Symmetric of skull and face, moves well, no swollen lymph nodes  <b>Ears:</b> pearly gray  <b>Eyes:</b> PERRLA  <b>Nose:</b> no polyps, symmetric  <b>Teeth:</b> clean, white, no missing teeth, no cavities</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> normal, sinus rhythm  <b>Peripheral Pulses:</b> 3+ normal  <b>Capillary refill:</b> less than 3 seconds  <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><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>                  Regular breath sounds in all lobes (inferior lobes Bilaterally, superior lobes bilaterally, and middle lobe)</p>	
<p><b>GASTROINTESTINAL (2 points):</b>  <b>Diet at home:</b> regular  <b>Current Diet:</b> clear liquid  <b>Height:</b> 168.4 cm  <b>Weight:</b> 56 kg  <b>Auscultation Bowel sounds:</b> they are</p>	<p>She is having a ton of loose stools multiple times a day.</p>

<p>active in all four quadrants.  <b>Last BM:</b> 4/19/21  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b> none              <b>Incisions:</b> No              <b>Scars:</b> C-section scar              <b>Drains:</b> No              <b>Wounds:</b> No  <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><b>GENITOURINARY (2 Points):</b>  <b>Color:</b> yellow  <b>Character:</b> clear  <b>Quantity of urine:</b> 350 mL  <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> normal and as expected, adequate for them  <b>Catheter:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>              <b>Type:</b>              <b>Size:</b></p>	
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b> nail beds are pink, and they have less than 3 second refill, no edema in limbs.  <b>ROM:</b> active ROM in all extremities  <b>Supportive devices:</b> none  <b>Strength:</b> 5 active motion against gravity (normal)  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/>  <b>Fall Score:</b> 25  <b>Activity/Mobility Status:</b> Is able to get up on her own and gets around great  <b>Independent (up ad lib)</b> <input checked="" type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p>	

<p><b>Strength Equal:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>if no -</b>  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input checked="" type="checkbox"/>  <b>Orientation:</b> O x4 person, place, time, situation  <b>Mental Status:</b> Normal Cognition  <b>Speech:</b> Clear speech, no slurring  <b>Sensory:</b> can feel in all extremities  <b>LOC:</b> Alert and awake</p>	
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b> She states that she talks to her husband and he helps with her coping.  <b>Developmental level:</b> Adequate for their age, they can read and write and form structured sentences  <b>Religion &amp; what it means to pt.:</b> Christian  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b> She lives at home with her husband.</p>	

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:26	79	132/83	18	36.9	97
3:41	77	134/85	18	37	98

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

Time	Scale	Location	Severity	Characteristics	Interventions
11:26	Numeric	abdomen	5/10	stabbing	Hydromorphone
3:43	numeric	Abdomen	3/10	Stabbing	hydromorphone

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
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<p><b>Size of IV:</b> 22 gauge  <b>Location of IV:</b> left forearm  <b>Date on IV:</b> 4/18/21  <b>Patency of IV:</b> correctly placed and is working correctly  <b>Signs of erythema, drainage, etc.:</b> No dry and intact  <b>IV dressing assessment:</b> transparent dressing, clean, dry, and intact</p>	<p>Normal Saline at 100 mL/hour</p>
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**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
300 mL sprite	350 mL of urine
240 mL of water	

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** the overview of care for this patient is mainly trying to regulate her pain and see if the doctor will move her colonoscopy so that we can get answers sooner. She has a colonoscopy scheduled for the 4<sup>th</sup> of May in Champaign, but the patient is wanting to move it to Sarah Bush. We are also trying to control her diarrhea because she has been having diarrhea for the past year therefore, she is getting the colonoscopy.

**Procedures/testing done:** She had a CT scan, and has a colonoscopy scheduled for May 4<sup>th</sup> in Champaign.

**Complaints/Issues:** Nausea, abdominal pain, and diarrhea

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

**Tolerating diet, activity, etc.:** Clear liquid diet

**Physician notifications:** The physician wrote that he would like for her to follow up with her primary care provider for her liver enlarging 20 cm to 22.3 cm. He also is wanting to talk to her doctor about her colonoscopy and figure out when they are going to do that.

**Future plans for patient:** Try and move up her colonoscopy and get answers and control her pain and nausea/ diarrhea.

**Discharge Planning (2 points)**

**Discharge location:** home

**Home health needs (if applicable):** N/A

**Equipment needs (if applicable):** N/A

**Follow up plan:** Follow up with her primary care provider about her liver and for her diverticulitis and those plans are not available right now.

**Education needs:** She needs education on smoking, COPD, and diverticulitis.

**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>
<ol style="list-style-type: none"> <li>acute pain related to the pain scale rating of 10/10 and on her CT showed inflammatio</li> </ol>	This nursing diagnosis was chosen due to the fact that the patient arrived to the emergency department	<ol style="list-style-type: none"> <li>Explain what medications we are going to use to control her pain and the side effects of the medications.</li> <li>Educate the patient</li> </ol>	<ol style="list-style-type: none"> <li>The patient seemed to understand the medications and their side effect, and she said they are helping her both the pain medications and</li> </ol>

<p>n related to diverticulitis .</p>	<p>rating her pain a 10/10.</p>	<p>on nonpharmacologic ways to help ease her pain such as meditation, deep breathing exercises etc.</p>	<p>the nonpharmacologic ways. 2. She states she will keep trying the nonpharmacologic ways so that she can help lower the need for pain medication.</p>
<p>2. Risk for dehydration related to having diarrhea for a year and the multiple diarrhea stools she is having at the hospital.</p>	<p>This nursing diagnosis was chosen since she isn't drinking as much fluids as she is expelling in her diarrhea.</p>	<p>1. Educate the patient on the importance of drinking hydrating fluids throughout the day to keep her body properly hydrated. 2. Educate the patient on how important it is to monitor patients' weight daily for any weight loss due to fluid loss.</p>	<p>Patient responded well and understood how important it is to keep her fluids up and make sure to drink a lot and also since we have admitted her, we have been taking her daily weight so that goal so far has been met as well. Patient stated she will even after being discharged from the hospital will keep her fluids up and watch her weight because she now knows how important those are while having diverticulitis.</p>
<p>3. Risk of imbalanced nutrition related to the patient having severe abdominal pain and not wanting to eat anything and being on a clear liquid diet.</p>	<p>This nursing diagnosis was chosen since she can't eat a regular diet and is on a clear liquid diet. There are not a lot of nutrition in this particular diet.</p>	<p>1. Ask the patient what she would like to eat and her preferences regarding her clear liquid diet. 2. Refer to the dietician about what liquids are the best for this patient and when she is off of the clear liquid diet what foods will be easy on her stomach and the best for her to eat.</p>	<p>The patient was pleased about letting her tell us her preferences and said she would really appreciate talking to a dietician about what foods to eat and what foods to stray away from.  Our goal for her to let pick her preferences of food seemed to work. Also, she really seemed happy about talking with a dietician about what foods are good and what are bad so just waiting for the dietician to come see her. Goal still in progress.</p>

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**Other References (APA):**

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

**Concept Map (20 Points):**

**Subjective Data**

**Objective Data**

**Patient Information**

**Nursing Diagnosis/Outcomes**

**Nursing Interventions**

- acute pain related to the pain scale rating of 10/10 and on her CT showed inflammation related to diverticulitis.
  - The patient seemed to understand the medications and their side effect, and she said they are helping her both the pain and the non-pharmacological ways.
  - She states she will keep trying to eat what she wants to eat and that will help lower the need for pain medication.
- Risk for dehydration related to having diarrhea for a year and the multiple diarrhea stools she is having at the hospital.
  - Patient responded well and understood how important it is to keep her fluids up and make sure to drink a lot and also since we have admitted her, we have been taking her daily weight so that goal so far has been met as well.
  - Patient stated she will even after being discharged from the hospital will keep her fluids up and watch her weight because she now knows how important those are while having diverticulitis.
- Risk of imbalanced nutrition related to the patient having severe abdominal pain and not wanting to eat anything and being on a clear liquid diet.
  - The patient was pleased about letting her tell us her preferences and said she would really appreciate talking to a dietician about what foods to eat and what foods to stray away from.
  - Our goal for her to let pick her preferences of food seemed to work. Also, she really seemed happy about talking with a dietician about what foods are good and what are bad so just waiting for the dietician to come see her. Goal still in progress.

- Explain what medications we are going to use to control her pain and the side effects of the medications.
- Educate the patient on how important it is to monitor patients' weight daily for any weight loss due to fluid loss.
- Educate the patient on the importance of hydrating fluids throughout the day.
- Educate the patient on how important it is to monitor patients' weight daily to help with fluid loss.
- Ask the patient what she has been having diarrhea for one year and has a colonoscopy scheduled for May 4, in Champaign.
- Refer to the dietician about what liquids are the best for this patient and when she is off of the clear liquid diet what foods will be easy on her stomach and the best for her to eat.

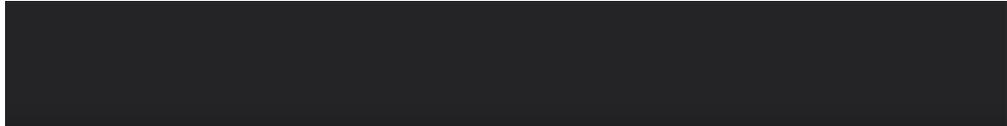
Patient states, "I am having horrible abdominal pain it is a 10/10" in the ER. Patient states "My abdominal pain is a little better at 5/10."

The patient also says that she has been having diarrhea for the past year and has been nonstop.

Vital Signs: Patient is a 58-year-old Caucasian female with a history of A-fib, 36.9 Degrees Celsius, HR: 79, RR: 18, SpO2: 97, BP: 132/83, Hgb: 11.4, Neutrophils: 24.8, Eosinophils: 8.7, Chloride: 108

Diagnostic Tests: CT of the abdomen, and she does have a colonoscopy scheduled for May 4, in Champaign.

I&O: 300 ml sprite, 240 ml of water, 350 ml urine



1 of 1

Lakeview College of Nursing  
 N431 Adult Health II  
 Morse Fall Scale Worksheet

Student Name:

Date:

Item	Scale		Scoring
<b>History of Falling</b> Has the patient fallen during the present hospital admission?  Was there an immediate history of physiological falls, such as from seizures or an impaired gait prior to admission?	No 0	Yes 25	0
<b>Secondary Diagnosis</b> Is more than one medical diagnosis listed on the patient's chart?	No 0	Yes 15	15
<b>Ambulatory Aid</b> Bed rest/nurse assist Crutches/cane/walker Furniture		0 15 30	
<b>IV/Heparin Lock</b> Does the patient have an IV apparatus or a heparin lock/saline lock inserted?	No 0	Yes 20	20
<b>Gait/Transferring</b> Normal/bedrest/immobile Weak Impaired		0 10 20	0
<b>Mental Status</b> Oriented to own ability Forgets limitations		0 15	0

TOTAL SCORE:

Risk for falls according to Morse Fall Scale (circle one):  
 NO RISK (score 0-24)      LOW RISK (score 25-50)

HIGH RISK (score ≥ 51)

Based on your patient's score, what is/are your nursing action(s)?

25.

Lakeview College of Nursing  
N431 Adult Health II  
Braden Scale Worksheet

Student's Name:

Date:

	1 Point	2 Points	3 Points	4 Points
<b>Sensory Perception</b> Ability to respond meaningfully to pressure-related discomfort	<b>Completely Limited</b> Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation <b>OR</b> Limited ability to feel pain over most of body surfaces	<b>Very Limited</b> Responds to painful stimuli. Cannot communicate discomfort except by moaning or restlessness <b>OR</b> Has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of the body	<b>Slightly Limited</b> Responds to verbal commands but cannot always communicate discomfort or need to be turned <b>OR</b> Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	<b>No Impairment</b> Responds to verbal commands <b>OR</b> Has no sensory deficit which would limit ability to feel or voice pain or discomfort
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc.  Dampness is detected every time patient is moved or turned	<b>Moist</b> Skin is often but not always moist  Linen must be changed at least once a shift	<b>Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day	<b>Rarely Moist</b> Skin is usually dry  Linen requires changing only at routine intervals
<b>Activity</b> Degree of physical activity	<b>Bedfast</b> Confined to bed	<b>Chairfast</b> Ability to walk severely limited or non-existent  Cannot bear own weight and/or must be assisted into chair or wheelchair	<b>Walks Occasionally</b> Walks occasionally during day but for very short distances, with or without assistance  Spends majority of each shift in bed or chair	<b>Walks Frequently</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours
<b>Mobility</b> Ability to change and control body position	<b>Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance	<b>Very Limited</b> Makes occasional slight changes in body or extremity position  Unable to make frequent or significant changes independently	<b>Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently	<b>No Limitations</b> Makes major and frequent changes in position without assistance
<b>Nutrition</b> Usual food intake pattern	<b>Very Poor</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered  Eats 2 servings or less of protein (meat or dairy products) per day  Takes fluids poorly  Does not take a liquid dietary supplement <b>OR</b> Is NPO <b>AND/OR</b> Maintained on clear liquids <b>OR IV</b> For more than 5 days	<b>Probably Inadequate</b> Rarely eats a complete meal and generally eats only about 1/2 of any food offered  Protein intake includes 3 servings of meat or dairy products per day  Occasionally will take a dietary supplement <b>OR</b> Receives less than optimum amount of liquid diet or tube feeding	<b>Adequate</b> Eats over 1/2 of most meals  Eats a total of 4 servings of protein (meat, dairy products) each day  Occasionally will refuse a meal, but will usually take a supplement if offered <b>OR</b> Is on a tube feeding or TPN regimen, which probably meets most of nutritional need	<b>Excellent</b> Eats most of every meal, never refuses a meal  Usually eats a total of 4 or more servings of meat and dairy products  Occasionally eats between meals  Does not require supplementation
<b>Friction and Shear</b>	<b>Problem</b> Requires moderate to maximum assistance in moving  Complete lifting without sliding against sheets is impossible  Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance  Spasticity, contractures <b>OR</b> Agitation leads to almost constant friction	<b>Potential Problem</b> Moves feebly or requires minimum assistance  During a move skin probably slides to some extent against sheets, chair, restraints, or other devices  Maintains a relatively good position in chair or bed most of the time  Occasionally slides down	<b>No Apparent Problem</b> Moves in bed and in chair independently  Has sufficient muscle strength to lift up completely during move  Maintains good position in bed or chair at all times	

TOTAL SCORE:

Risk for Pressure ulcers according to Braden Scale (circle one):  
LOW (23-20 points)      MEDIUM (19-16 points)

HIGH (15-11 POINTS)

VERY HIGH (10-6 POINTS)