

N321 Care Plan #3

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 4/7/21	Patient Initials T.R.D	Age 73 y/o	Gender M
Race/Ethnicity White/Caucasian	Occupation Retired	Marital Status Married	Allergies Aspirin (Reaction unknown)
Code Status Full Code	Height Height not reported/documentd unable to obtained due to intellectual disability	Weight 65.30 kg	

Medical History (5 Points)

Past Medical History: Diabetes Type 2, Chronic Heart Failure, Coronary Artery Disease, Schizoaffective Disorder, Benign Prostatic Hyperplasia, Gastroesophageal Reflux Disease, Hypertension, Anxiety, Depression, Allergic Rhinitis.

Past Surgical History: Cholecystectomy Laparoscopic (11/16/20)

Family History: No family history reported/documentd due to patient's intellectual disability

Social History (tobacco/alcohol/drugs): No social history reported/documentd due to patient's intellectual disability.

Assistive Devices: Glasses, hearing aid, cane.

Living Situation: Resident at Mattoon Health Care.

Education Level: Education level cannot be obtained due to patient's intellectual disability.

Admission Assessment

Chief Complaint (2 points): Patient found unresponsive at nursing home; no pulse detected.

History of present Illness (10 points): Patient was found unresponsive at Mattoon Health Care. A pulse was not detected, and compressions were initiated. After 4 compressions, the patient

became responsive. Patient has cognitive disabilities. The worker at Mattoon Health Care also noticed the patient's chronic indwelling catheter appeared "cloudy" and had a "foul smell".

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 UTI is an infection of the urinary system which includes the kidneys, ureters, bladder, and urethra. The uncontrolled bacterial growth can cause inflammation and pain. There are a variety of different types of UTIs specific to which organ that they affect. Lower urinary tract infections are more common and usually uncomplicated but ignoring signs and symptoms can create further complications. Infections can progress to the upper urinary tract system and affect the kidneys, ureters, and even cause sepsis. Women are at higher risk for UTIs due to the urethra's close location to the anus. Bacteria can easily be introduced with improper peri care. Elderly clients, who are frequently catheterized and have urinary obstruction such as BPH are susceptible to UTI's The client's current condition puts him at high risk. The signs and symptoms of UTIs are difficulties urinating, burning when urinating, voiding small amounts of urine frequently, and abdominal pain. The urine may look dark, cloudy, be tinged with blood, and have a foul smell. The health care worker at the client's nursing home noticed that the client's chronic foley catheter appeared to have a dark amber color and also reported it to have a foul smell upon being discovered unconscious in his room. The urinary tract system is sterile and norma flora resides outside of the urethral opening. Urine's high osmolarity, urea, and organic acid can reduce bacterial viability in the bladder preventing infection, however stagnant urine, or obstruction of

outflow causes can create an environment where bacteria can thrive. Uropathogenic bacteria can adhere and proliferate inside the bladder wall. Many of these microbes have outer capsules that are resistant to the acidity of the urine. They may secrete cytotoxic necrotizing factor (CNF) and hemolysins which can help them migrate further up the urinary tract system (Capriotti, 2020). Diagnosing UTIs usually consist of laboratory tests along with corresponding signs and symptoms of infection. The most common diagnostic test is a urinalysis which examines the urine sample for bacteria and white blood cells. The presence of leukoesterase and nitrates is also an indicator of a urinary tract infection. Usually, after urinalysis is complete, medication is given by empirical antibiotic therapy, and a broad-spectrum antibiotic is administered to start treatment. A urine culture may be implemented to identify the microbe to ensure that the antibiotic given is effective against the bacteria. The physician may choose to look at the blood and screen for STDs and examine kidney function for additional testing. Imaging tools such as an ultrasound, MRIs, and cystoscope may also be utilized. Upon admission, a UA was completed and results showed trace amounts of blood, protein, leukoesterase, and white blood cells which established the patient's diagnosis of a UTI. Treatment of UTIs depends on their severity. Antibiotics are the choice of treatment for lower urinary tract infections. The most common antibiotics used are Nitrofurantoin (Macrobid) and trimethoprim-sulfamethoxazole (Bactrim). Fluoroquinolones such as ciprofloxacin may also be utilized if needed. The patient was receiving gentamicin 4mL on continuous IV, which is classified as an aminoglycoside antibiotic. Gentamicin can be used for more complicated UTIs for the elderly (Beveridge et al., 2011).

Pathophysiology References (2) (APA):

Beveridge, L. A., Davey, P. G., Phillips, G., & McMurdo, M. E. (2011). Optimal management of

urinary tract infections in older people. *Clinical interventions in aging*, 6, 173–180.

<https://doi.org/10.2147/CIA.S13423>

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

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	3.96	3.96	
Hgb	12.0-15.5	11.4	11.2	Patient has chronic heart failure and had significantly low Hgb & Hct levels, “The long-term disorders often associated with anemia include rheumatoid arthritis or other autoimmune disease; tuberculosis or other chronic infection; and inflammatory bowel disease, chronic heart failure” (Capriotti, 2020, p. 297).
Hct	35-45	32.9	33.8	Patient has chronic heart failure and had significantly low Hgb & Hct levels, “The long-term disorders often associated with anemia include rheumatoid arthritis or other autoimmune disease; tuberculosis or other chronic infection; and inflammatory bowel disease, chronic heart failure” (Capriotti, 2020, p. 297).
Platelets	140-400	279	338	
WBC	4.0-9.0	20.5	15.3	Patient is diagnosed with a urinary tract infection, “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	85.0	n/a	Patient is diagnosed with a urinary tract infection, “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	5.4	n/a	Patient is diagnosed with a urinary tract infection, “pathological conditions, mainly infection, inflammation, and extreme stress, stimulate the rise in the number of WBCs in the bloodstream” (Capriotti, 2020, p. 247).
Monocytes	4.4-12.0	9.5	n/a	
Eosinophils	0-6.3	n/a	n/a	
Bands	0-5.1	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-	135-145	134	134	
K+	3.5-5.1	3.5	3.8	
Cl-	98-107	101	104	
CO2	22-29	23	26	
Glucose	70-99	122	79	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	55	8	Patient’s hypertension can damage

				other organs in the body, “when it is not well controlled, it contributes to the development of hypertensive heart disease, heart failure, and renal failure” (Capriotti, 2020, 342). Patient’s BUN and Creatine may have been high due to this
Creatinine	.50-1.00	2.01	0.58	Patient has hypertension, along with proteinuria “Kidney damage is manifested by hypertension, proteinuria, and elevated serum creatinine” (Capriotti, 2020, p. 225).
Albumin	3.5-5.2	3.5	n/a	
Calcium	8.4-10	8.9	8.7	
Mag	1.6-2.5	n/a	.09	The patient was on gentamicin for their UTI and reported low severely magnesium levels, “a case of severe hypomagnesemia due to gentamicin therapy” (Moulik et al., 2008)
Phosphate	35-105	n/a	n/a	
Bilirubin	.3-1.0	n/a	n/a	
Alk Phos	30-120	67	n/a	
AST	10-30	27	n/a	
ALT	10-40	20	n/a	
Amylase	30-110	n/a	n/a	
Lipase	0-160	n/a	n/a	
Lactic Acid	0.5-1	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	Yellow/ turbid	n/a	Patient is diagnosed with a urinary tract infection, indications of UTI include, “the symptoms can progress to cloudy, strong-smelling urine and hematuria” (Capriotti, 2020, p. 551).
pH	5-8	7.0	n/a	
Specific Gravity	1.005-1.034	1.021	n/a	
Glucose	negative	negative	n/a	

Protein	negative	2+	n/a	Patient is diagnosed with a urinary tract infection, indications of a UTI include, red blood cells (RBCs); positive leukocyte esterase, which indicates WBCs; and nitrates, which indicate bacteria” (Capriotti, 2020, p. 551)
Ketones	negative	negative	n/a	
WBC	negative	>100	n/a	Patient is diagnosed with a urinary tract infection, indications of a UTI include, red blood cells (RBCs); positive leukocyte esterase, which indicates WBCs; and nitrates, which indicate bacteria” (Capriotti, 2020, p. 551)
RBC	negative	28	n/a	Patient is diagnosed with a urinary tract infection, indications of a UTI include, red blood cells (RBCs); positive leukocyte esterase, which indicates WBCs; and nitrates, which indicate bacteria” (Capriotti, 2020, p. 551)
Leukoesterase	negative	4+	n/a	Patient is diagnosed with a urinary tract infection, indications of a UTI include, red blood cells (RBCs); positive leukocyte esterase, which indicates WBCs; and nitrates, which indicate bacteria” (Capriotti, 2020, p. 551)

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):

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

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

Moulik, P., Siddique, H., Pickett, P., & Macleod, A. (2008, April 01). A case severe magnesium deficiency due to gentamicin therapy. Retrieved April 24, 2021, from

<https://www.endocrine-abstracts.org/ea/0015/ea0015p19>

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT head w/out contrast

Diagnostic Test Correlation (5 points): No acute intracranial abnormalities, intracranial hemorrhage, edema, mass. Findings suggest age-related atrophy and ventriculomegaly which appears to be related to cerebral volume loss.

Diagnostic Test Reference (1) (APA):

Cuete, D. (n.d.). Normal ct brain: Radiology case. Retrieved April 27, 2021, from <https://radiopaedia.org/cases/normal-ct-brain?lang=us>

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

Home Medications (5 required)

Brand/ Generic	Ativan/ Lorazepam	Pepcid/ Famotidine	Risperdal/ Risperidone	Zyrtec/ Cetirizine	Cozaar/ Losartan
Dose	0.5 mg	20 mg	3 mg	10 mg	50 mg
Frequency	1x daily	2x a day	2x a day	1x daily	1x daily
Route	PO	PO	PO	PO	PO
Classification	Benzodiazepines	Histamine H2 receptor antagonists	Atypical Antipsychotic	Piperazine Antihistamine	Angiotensin 2 receptor blocker
Mechanism of Action	Lorazepam binds to benzodiazepine receptors on GABA-A ligand- gates chloride channel neurons in the CNS enhancing the inhibitory effects of GABA	Famotidine reduces gastric secretions in the stomach by acting as a competitive inhibitor of histamine H2- receptors	Risperidone blocks dopamine receptors in the brain preventing due to higher affinity for 5- HT2A receptors than for D2 receptors. This prevents the excessive activity of dopamine and controls symptoms of schizophrenia.	Cetirizine is an H1 receptor antagonist. competes with histamine on the effector cells in the gastrointestinal tract, blood vessels, respiratory tract.	Losartan competitively prevents angiotensin 2 to bind with AT1 receptors in vascular tissues thereby dilating blood vessels and reducing blood pressure.
Reason Client Taking	Anxiety	GERD	Schizoaffective Disorder	Allergic rhinitis	Hypertension
Contraindications (2)	Acute angle- closure glaucoma, pregnancy	Hypersensitivity, Breastfeeding	Hypersensitivity, Paliperidone	Hypersensitivity , renal impairment	Hypersensitivity, pregnancy
Side Effects/ Adverse Reactions (2)	Dizziness, Weakness	Headache, Dizziness	Tremors, Insomnia	Headache, Dizziness	Dizziness, upper respiratory infection
Nursing Considerations (2)	Caution with those with hepatic	Decreased dose with renal failure, Monitor	Monitor for infection, Monitor for	Monitor for respiratory status, Monitor	Monitor for hypotension, Monitor for

	insufficiency, monitor for signs of digoxin toxicity	for liver failure	glycemic control	for urinary retention.	potassium levels in blood
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Hospital Medications (5 required)

Brand/Generic	Gentak/ Gentamicin	Propecia/ Finasteride	Pravachol/ Pravastatin	Cogentin/ Benztropine	Plavix/ Clopidogrel
Dose	4 ml	5 mg	40 mg	0.5 mg	75 mg
Frequency	Every 24 hours	1x daily	1x daily before bedtime	2x a day	1x daily
Route	IV	PO	PO	PO	PO
Classification	Aminoglycosid e antibiotic	5-Alpha reductase inhibitors	HMG-CoA Reductase Inhibitor (Statins)	Anticholinergic	Platelet aggregation inhibitor
Mechanism of Action	Bactericidal against gram +/- gram -, inhibits bacterial protein synthesis in prokaryotic ribosomes	Inhibits 5-alpha reductase which stops the conversion of testosterone to dihydrotes tosterone	Pravastatin inhibits the function of HMG-CoA reductase as a reversible competitive inhibitor by occupying the active site of the enzyme in the liver	Centrally acting anticholinergics agent with antihistamine properties. It works by antagonizing acetylcholine to decrease imbalance between acetylcholine and dopamine	Clopidogrel works by inhibiting platelet activation and aggregation by binding to the subsequent ADP mediated activation of the glycoprotein.
Reason Client Taking	Urinary Tract Infection	Benign Prostatic Hyperplasia	Hyperlipidemi a	Facial twitches/Tremors due to Risperdal	Coronary Artery Disease
Contraindic ations (2)	Renal Impairment, Liver impairment	Hypersensitivit y, Pregnancy	Alcoholism, Liver impairment	Narrow angle glaucoma, Hypertension	Peptic ulcer disease, Breastfeeding
Side Effects/Advers e Reactions (2)	Ototoxicity, nephrotoxicity	Abdominal pain, edema	Muscle pain, Muscle weakness	Tachycardia, blurred vision	Dizziness, Blurred vision

Nursing Considerations (2)	Avoid the use of diuretic, Monitor for ototoxicity	Monitor for uropathy, Monitor for prostate cancer	Monitor for myopathy, Monitor for rhabdomyolysis	Monitor for confusion and hallucination, Monitor pt.'s gait	Monitor for bleeding, Monitor for thrombotic thrombocytopenic purpura
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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 x3 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 <input type="checkbox"/> N <input type="checkbox"/> Type:	Skin color is usual for ethnicity Supple Warm Elastic turgor No rashes No bruises Wound on sacrum/coccyx 12 n/a
HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:	Normocephalic, no deviation of trachea No drainage, grey-pink tympanic membrane, Hard of hearing bilaterally No drainage, symmetrical, pink conjunctiva No septum deviation, polyps, turbinate Teeth intact, visible dental caries

<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1/S2 heart sounds heard No murmur or gallops heard Steady rate and rhythm Peripheral pulses 3+ Capillary refill 2 sec</p> <p>n/a</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	<p>No use of accessory muscles, unlabored, regular pattern and respirations Bilateral clear bronchovesicular breath sounds Equal lung aeration posterior and anterior</p>
<p>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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Diet at home is normal Current diet is consistent carbohydrate, mechanical altered, with nectar like thick liquid Height not reported/documentd unable to obtained due to intellectual disability 65.30 kg Last BM (4/10) Abdomen appeared round skin color usual for ethnicity No distention observed No incisions observed No scars observed No drain observed No wounds observed</p> <p>n/a</p> <p>n/a</p>
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Yellow Cloudy 800 mL</p> <p>Appropriate for age</p> <p>Indwelling Catheter</p>

Size:	16 Fr
MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input checked="" type="checkbox"/> Needs support to stand and walk <input checked="" type="checkbox"/>	Nail bed pink, capillary refill: 3 sec on all four extremities Active ROM Cane use 4- active motion against some resistance (slight weakness) 51 Acting ROM against some resistance (slight weakness)
NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	ANO x3 Cognition is slightly impaired, able to follow commands Speech is delayed 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. has an intellectual disability but appears to enjoy company and small talk. Pt enjoys diversional activities such as watching TV and listening to music. Pt.'s support system is their sister. Pt' will return back to nursing home after discharge.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
9:15 am	74 bpm	159/57 mmHg	18 bpm	37.0 C	94%
10:50 am	77 bpm	170/86	16 bpm	36.6 C	94%

		mmHg			
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Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
9:15 am	FACES Scale	n/a	0	n/a	n/a
10:50 am	FACES Scale	n/a	0	n/a	n/a

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:	22 gauge Left forearm 4/07 Aspirated and flushes easily No phlebitis/infiltration observed Dry, intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
104 mL	840 mL

Nursing Care

Summary of Care (2 points)

Pt is stable and ANO x4. Pt. appeared to be have no signs of distress. Pt. was on continuous antibiotics and reacted well to the medication given. Pt. refused his meal from time to time, however became compliant, when encouraged to eat by the tech. Pt’s is on a soft mechanical diet, with thick liquids. Pt. has intellectual disability and responded well by diversional activities

such as watching television and listening to music. Patient’s health appears to be improving and is stable and will likely be discharging back to Mattoon Rehab Health Care

Discharge Planning (2 points)

Patient appears to be stable and will likely be discharged back to Mattoon Rehab Healthcare. Pt will continue to be closely monitored and the patient’s regular medication regime will be implemented. The physician may order an oral antibiotic for the patient. Medication reconciliation will be implemented.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. c	Patient is at risk for infection specially urosepsis if their UTI was not treated in a timely manner.	1.Adminster patient’s prescribe medication 2. Monitor patients labs, vitals, and signs and symptoms closely to assess for worsening signs of sepsis.	1. Patient finished the prescribed duration of antibiotics and symptoms were relieved. 2. Due to close observation the patient’s urinary tract infection did not progress into a whole-body infection.
2. Impaired	Patient has BPH	1.Encourage patient	1. The patient drank a

<p>Urinary Elimination related to benign prostatic hyperplasia as evidenced by cloudy, foul-smelling urine.</p>	<p>which puts them at risk for UTI's since benign prostatic hyperplasia can block urinary flow and makes people more susceptible to UTIs.</p>	<p>to increase fluid intake at least 3-4 liters to promote diuresis.</p> <p>2. Encourage patient to void 2-3 times a day to prevent bacterial growth in the urine.</p>	<p>lot of water which increased blood flow to the kidneys and the collection of urine in the tubules. The increase in urine promoted the patient to void more frequently.</p> <p>2. The patient was encouraged to void when taken to the restroom. This prevented urinary retention and the accumulation of pathogens in the urine.</p>
<p>3. Ineffective health management related to diagnosis of Urinary Tract Infection as evidenced by unresponsive episode at Mattoon Health Care.</p>	<p>Patient was found unresponsive at Mattoon Health care possibly due to their UTI. UTI's are very common in long term health facilities and can be prevented through close obser</p>	<p>1. Being knowledgeable about the risks for UTI's and understanding the signs and symptoms to take interventions early.</p> <p>2. Proper nursing care. Making sure patient get good peri care.</p>	<p>1. The nurse was able to catch any potential risks for UTI's They took interventions early and knew what to look for so that infections could not progress any further.</p> <p>2. The nurse implemented proper peri care and made sure that the area was clean and often monitored the foley.</p>

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* (5th ed.). Elsevier

Concept Map (20 Points):

Subjective Data

Objective Data

Patient Information

1. Risk for infection related to chronic foley catheterization as evidenced by positive leukoesterase and increased WBC in urine analysis.
 - a. Patient finished the prescribed duration of antibiotics and symptoms were relieved.
 - b. Due to close observation the patient's urinary tract infection did not progress into a whole-body infection.
2. Impaired Urinary Elimination related to benign prostatic hyperplasia as evidenced by cloudy, foul-smelling urine.
 - a. The patient drank a lot of water which increased blood flow to the kidneys and the collection of urine in the tubules. The increase in urine promoted the patient to void more frequently.
 - b. The patient was encouraged to void when taken to the restroom. This prevented urinary retention and the accumulation of pathogens in the urine.
3. Ineffective health management related to diagnosis of Urinary Tract Infection as evidenced by unresponsive episode at Mattoon Health Care.
 - a. The nurse was able to catch any potential risks for UTI's They took interventions early and knew what to look for so that infections could not progress any further.
 - b. The nurse implemented proper nursing interventions to ensure that the area was clean and often monitored the foley.

1. Administer patient's prescribe medication
2. Monitor patients labs, vitals, and signs and symptoms closely to assess for worsening signs of sepsis.
3. Encourage patient to increase fluid intake at least 3-4 liters to promote diuresis.
4. Encourage patient to void 2-3 times a day to prevent bacterial growth in the urine.
5. Being knowledgeable about depression for the patient understanding the signs and symptoms for further investigation.
6. Proper nursing care. Making sure patient get good peri care.

75 year old man living at Mattoon Health Rehab, was found unresponsive by employee. Chest compressions were done and the patient became responsive. The employee found that the patient's foley catheter appeared "cloudy" and also had a foul smell. The patient has history of DM2, CHF, GERD, BPH, HTN, schizophrenia disorder, anxiety, and depression. The patient was taken to Sarah Bush Lincoln for further investigation.



