N321 Care Plan 3

Lakeview College of Nursing

Tuan Nguyen

Demographics (3 points)

Date of Admission 4/18/21	**Patient Initials** E. C	**Age** 58	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired - disability	**Marital Status** Married	**Allergies** Ketorolac, Sumatriptan nasal, Imitrex, Toradol
Code Status Full	**Height** 5'5" (168.4 cm)	**Weight** 57.2 kg (125.8 lbs)	

Medical History (5 Points)

Past Medical History: Client has history chronic obstructive pulmonary disease (COPD), asthma, chronic atrial fibrillation, diverticulitis, Methicillin resistant Staphylococcus aureus (MRSA), and chronic diarrhea

Past Surgical History: Client had leg surgery in 2016, hysterectomy in 2003, and a cesarean section in 1987 and 1988.

Family History: Client's grandmother had congestive heart failure (CHF). Client's mother had lung cancer.

Social History (tobacco/alcohol/drugs): Client states that she smokes about two cigarettes a day and that she used to smoke about one fourth of a pack of cigarettes a day back in high school and college but stopped 35+ years ago after college. She denies current use of alcohol but states that she used to drink a lot back in high school and college 35+ years ago and stopped after college. Client denies substance use.

Assistive Devices: Client is independent but still has oxygen and a walker and cane at home. She states that she doesn't use them.

Living Situation: Client lives at home with her spouse. States that her living conditions are clean and tidy.

Education Level: Client states that she graduated from college with an associate degree. States that she does not have any learning disabilities or financial issues that impacted her education.

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of present Illness (10 points): Client is a 58-year-old Caucasian female who was admitted on 4/18/21 with chief complaint of abdominal pain. Client stated that the onset of her pain occurred on the 5th of April and has gotten progressively worse since then. The pain is present primarily in her abdominal area but starts from her stomach and goes all the way down to her abdomen and even reaches to the side of her right kidney. The pain is still current and has remained since its onset on the 5th of April. She states that the pain is a constant stabbing piercing like pain that at times makes her feel like she is about to "burst and explode" and rates her pain an 8 out of 10 on the numeric pain scale. Client states that any activity that involves applying pressure to her abdomen aggravates the pain. Sleeping and laying down usually helps relieve her pain. She takes tramadol at home and acetaminophen at Sarah Bush to try to relieve her pain, but states that the medications do not help her feel better.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Diverticulitis of sigmoid colon.

Secondary Diagnosis (if applicable): Chronic Diarrhea

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

Pathophysiology

Diverticulitis is a condition characterized by the inflammation or infection of small hollowed out pouches that form and bulge out of the digestive tract, called diverticula (Mayo

Clinic Staff, 2020). It is a condition that occurs in the presence of diverticulosis which is characterized by the formation of multiple protruding pouch-like diverticula in the digestive tract, but usually in the sigmoid colon of the large intestines (Mayo Clinic Staff, 2020). Infection of the diverticula can occur when digestive content fall into these pouches as they make their way through the digestive system and block the blood supply and creates an environment for infection and cause diverticulitis (Capriotti, 2020). Tearing of the pouches causes damage and will be followed by an inflammatory responds which will also cause diverticulitis as well (Khatri, 2019). Risk factors for diverticulitis include age, a history of smoking, medications like opioids and NSAIDs, a lack of exercise, a diet high in fats and low fiber, and being overweight (Khatri, 2019). In comparison to the client, she has a history of smoking and she states that she currently smokes about two cigarettes a day and that she used to smoke one fourth of a pack a day which puts her at a risk for diverticulitis. The client also is above the age of 40 which puts her at a greater risk of diverticulitis since it's more common in people over 40 (Khatri, 2019). Prior admission into Sarah Bush, client stated that she was on the BRAT diet for about two months for her diarrhea. The BRAT diet is made up of food that is low in fiber so that it is gentle on the stomach (Kelly, 2020). The low fiber diet puts her at risk for developing diverticulitis.

Signs and Symptoms

Due to the nature of diverticulitis, signs and symptoms involve the digestive tract and can include mild to severe abdominal pain, which may be present in the left side of the abdomen, constipation, diarrhea, nausea, vomiting, chills, and bloody stool (Khatri, 2019). In relation to the client, she experienced most of the mentioned signs and symptoms; she stated that she experienced throbbing, stabbing abdominal pain which she rated an 8 out of 10, chills, nausea,

and chronic diarrhea. Her abdominal pain was also stated to be worse on the left side of her abdomen.

Expected Vital Signs, Laboratory Findings, and Clinical Data

Abdominal pain is an expected symptom of diverticulitis which can affect vitals signs as pain is known to increase heart rate, blood pressure, and breathing. Infection of the diverticula may cause infection, so fluctuation in the white blood cells may be expected. Harmful microorganisms may also be expected in the stool culture and sensitivity (Mayo Clinic Staff, 2020). The client was in pain and her vitals showed elevated blood pressure of 135/85 and 132/83 mmHg at 0730 hours and 1045 hours respectively. Her respirations were also a little high despite still being in the normal range. A neutrophil count of 43.8% is a bit low compared to the normal expected range of 45.3%-79.0% which may indicate an infection. Her eosinophil count was also a bit high at 9.7% compared to 0.0%-6.3% which may support evidence for an infection related to diverticulitis.

Diagnostic Testing

Diagnosing diverticulitis can involve several different tests. A computed tomography (CT) may be done on the abdomen to check for any abnormal findings as well as X-rays, and MRI scans done on the abdomen (Capriotti, 2020). Stool samples can also be collected and followed by a culture sensitivity to check for any harmful infection causing microorganisms (Capriotti, 2020). A CT scan was done on the client's abdomen and pelvis and found evidence of inflamed diverticulum along the sigmoid colon of the large intestines with no visible perforation, confirming diagnosis of diverticulitis.

Treatment

Diverticulitis is treated by preventing further irritation to the affected area of the digestive tract and reducing the pain associated with inflammation. This can be done through a liquid diet and a slow reintroduction of soft foods back into the diet with pain medications to reduce the pain (Capriotti, 2020). Intravenous antibiotics may be used to keep infectious microorganisms away and prevent infection (Capriotti, 2020). In relation to the client, she is on a liquid diet and was given 2000 mg of ceftriaxone every twenty-four hours and 500 mg metronidazole every eight hours intravenously to help combat any potential harmful microorganisms. She is also given 1000 mg of acetaminophen every six hours as needed and 0.5 mg of hydromorphone every two hours as needed for her pain.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). Davis advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.). F.A. Davis Company

Khatri, Minesh. (2019). Diverticulitis. WebMD. Retrieved April 28, 2021 from https://www.webmd.com/digestive-disorders/understanding-diverticulitis-basics

Kelly, Erin. (2020). BRAT Diet: What Is It and Does It Work?. Healthline. Retrieved April 28, 2021 from https://www.healthline.com/health/brat-diet#:~:text=The%20BRAT%20diet%20consists%20of%20foods%20low%20in%20fiber%20that,bland%20foods%20should%20be%20avoided.

Mayo Clinic Staff. (2020). Diverticulitis. Mayo clinic. Retrieved April 28, 2021 from https://www.mayoclinic.org/diseases-conditions/diverticulitis/symptoms-causes/syc-20371758

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	3.80-5.41x10^6/mcL	3.73	**N/A**	Client may be lacking proper nutrients from the clear liquid diet and is experiencing diarrhea every twenty minutes (Pagana, 2018).
Hgb	11.3-15.2 g/dL	10.6	**N/A**	Client is taking antibiotics, which can reduce hemoglobin levels (Pagana, 2018).
Hct	33.2-45.3%	33.0	**N/A**	Client has low Hgb count. Hct levels reflect Hgb count (Pagana, 2018).
Platelets	149-393 K/mcL	319	**N/A**	**N/A**
WBC	4.0-11.7 K/mcL	5.5	**N/A**	**N/A**
Neutrophils	45.3-79.0%	43.8	**N/A**	Client is experiencing an infection (Pagana, 2018).
Lymphocytes	11.8-45.9%	34.5	**N/A**	**N/A**
Monocytes	4.4-12.0%	9.8	**N/A**	**N/A**
Eosinophils	0.0-6.3%	9.7	**N/A**	Client is experiencing an infection (Pagana, 2018).
Bands	0.0-10.0%	**N/A**	**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 mmol/L	142	**N/A**	**N/A**
K+	3.5-5.1 mmol/L	4.4	**N/A**	**N/A**
Cl-	98-107 mmol/L	108	**N/A**	Client is on continuous infusion of normal saline solution which can increase chloride levels (Pagana, 2018).
CO2	21-31 mmol/L	27	**N/A**	**N/A**
Glucose	74-109 mg/dL	87	**N/A**	**N/A**

BUN	7-25 mg/dL	7	**N/A**	**N/A**
Creatinine	0.70-1.30 mg/dL	0.75	**N/A**	**N/A**
Albumin	3.5-5.2 g/dL	**N/A**	**N/A**	**N/A**
Calcium	8.6-10.3 mg/ dL	8.3	**N/A**	Client is taking albuterol which can lower calcium levels (Pagana, 2018).
Mag	1.5-2.5 mg/dL	**N/A**	**N/A**	**N/A**
Phosphate	2.4-4.5 units/L	**N/A**	**N/A**	**N/A**
Bilirubin	0.3-1.0 mg/dL	**N/A**	**N/A**	**N/A**
Alk Phos	34-104 units/L	**N/A**	**N/A**	**N/A**
AST	13-39 U/L	**N/A**	**N/A**	**N/A**
ALT	7-52 U/L	**N/A**	**N/A**	**N/A**
Amylase	60-100 U/dL	**N/A**	**N/A**	**N/A**
Lipase	0-160 U/L	**N/A**	**N/A**	**N/A**
Lactic Acid	0.5-1.5 mEq/L venous	**N/A**	**N/A**	**N/A**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	1-2	**N/A**	**N/A**	**N/A**
PT	10-12 seconds	**N/A**	**N/A**	**N/A**
PTT	30-45 seconds	**N/A**	**N/A**	**N/A**
D-Dimer	Negative,	**N/A**	**N/A**	**N/A**

	less than 250 mg/mL			
BNP	Less than 100 pg/mL	**N/A**	**N/A**	**N/A**
HDL	Less than 60 md/dL	**N/A**	**N/A**	**N/A**
LDL	Less than 100 mg/dL	**N/A**	**N/A**	**N/A**
Cholesterol	Less than 200 mg/dL	**N/A**	**N/A**	**N/A**
Triglycerides	Less than 150 mg/dL	**N/A**	**N/A**	**N/A**
Hgb A1c	Less than 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	Yellow, clear	**N/A**	Bright yellow, clear	**N/A**
pH	5.0 – 8.0	**N/A**	**N/A**	**N/A**
Specific Gravity	1.005 – 1.034	**N/A**	**N/A**	**N/A**
Glucose	Negative	**N/A**	**N/A**	**N/A**
Protein	Negative	**N/A**	**N/A**	**N/A**
Ketones	Negative	**N/A**	**N/A**	**N/A**
WBC	0-0.5	**N/A**	**N/A**	**N/A**
RBC	0 - 3	**N/A**	**N/A**	**N/A**
Leukoesterase	Negative	**N/A**	**N/A**	**N/A**

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	**N/A**	**N/A**	**N/A**
Blood Culture	Negative	**N/A**	**N/A**	**N/A**
Sputum Culture	Negative	**N/A**	**N/A**	**N/A**
Stool Culture	Negative	**N/A**	Negative	**N/A**

Lab Correlations Reference (1) (APA):

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Computed Tomography of Abdomen and Pelvis

- Diverticulitis of the sigmoid colon found with no evidence of perforation.
- Stable nodular infiltrates were found within the right middle lobe of the lungs.
- Lungs were found to have enlarged from 20.0 cm to 22.3 cm (hepatomegaly). No mass found.

Stool Culture and Sensitivity

- No growth of bacteria or viruses found.

Diagnostic Test Correlation (5 points):

1) A computed tomography uses a narrow-beam x-ray to scan desired organs in successive layers to produce cross-sectional images and views of the organs which can distinguish fine tissue density and find pulmonary nodules; small tumors; soft tissue injury; ligaments; tendons; and trauma to the head, spinal cord, pelvis, abdomen and chest.

(Hinkle & Cheever, 2018). A CT was done on the client's abdomen and pelvis and found evidence of diverticulitis of the sigmoid colon which is consistent with primary diagnosis of diverticulitis.

2) A stool culture and sensitivity are a diagnostic test done to analyze and look for harmful bacteria, viruses, or germs that may cause illness (DerSarkissian, 2019). A stool culture and sensitivity were done on the client due to complaints of cramping, and chronic diarrhea, but no harmful microorganisms were detected in the stool.

Diagnostic Test Reference (1) (APA):

DerSarkissian, Carol. (2019). What is a Stool Culture? WebMD. Retrieved April 25, 2021 from https://www.webmd.com/a-to-z-guides/what-is-a-stool-culture

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 different medications must be completed

Home Medications (5 required)

Brand/ Generic	**Albuterol PROVENTIL**	**Prednisone METICORTEN**	**Tramadol ULTRAM**	**Cholecalciferol CALCIFEROL**	**Alprazolam XANAX**
Dose	90 mcg/inhalation (2 puffs)	50 mg	50 mg	10 mcg	1 mg
Frequency	Q4H PRN	Daily	Q6H PRN	Daily	TID PRN
Route	Nasal	Oral	Oral	Oral	Oral

Classification	Adrenergic (Jones, 2020)	Glucorticoid (Jones, 2020)	Opioid Agonist (Jones, 2020)	Vitamin D (Drug.com, 2021)	Benzodiazepine (Jones, 2020)
Mechanism of Action	Relaxes bronchial smooth-muscle cells and inhibits histamine release by attaching to $beta_2$ receptors on bronchial cell membranes stimulating adenylate cyclase to convert ATP to cyclic adenosine monophosphate (Jones, 2020)	Suppresses inflammatory and immune response by binding to intracellular glucorticoid receptors and inhibits neutrophil and monocyte accumulation, suppressing antigen response of macrophages and helper T-cells, and inhibiting synthesis of inflammatory response mediators (Jones, 2020)	Binds with mu receptors and inhibits reuptake of norepinephrine and serotonin (Jones, 2020)	Stimulates calcium and phosphate absorption from small intestine, phosphate resorption at renal tubule, and secretion of calcium into blood from bones (vitamin D, n.d)	Inhibits excitatory stimulation by binding to benzodiazepine receptors in the cortical and limbic areas of CNS and increasing effects of gamma aminobutyric acid (GABA) (Jones, 2020)
Reason Client Taking	To reduce coughing related to history of smoking (Jones, 2020)	To treat inflammation of the large intestines (Jones, 2020)	To reduce pain persisting for a week (Jones, 2020)	To supplement vitamin D due to constant diarrhea (vitamin D, n.d)	To treat anxiety (Jones, 2020)
Contraindications (2)	Hypersensitivity to albuterol or its components; severe hypersensitivity to milk protein (Johnson et	Hypersensitivity to prednisone or its components; systemic fungal infections (Jones, 2020)	Hypersensitivity to tramadol or its components; excessive use of central-acting analgesics,	Hypercalcemia; GI, liver, biliary disease associated with malabsorption of vitamin D (vitamin D, n.d)	Acute angle-closure glaucoma; hypersensitivity to alprazolam or its components (Jones, 2020)

	al, 2020)		hypnotics, opioids, or other psychotropic drugs (Jones, 2020)		
Side Effects/Adverse Reactions (2)	Arrhythmias; bronchospasms (Jones, 2020)	GI bleeding; intestinal perforation (Jones, 2020)	Prolonged QT interval; respiratory depression (Jones, 2020)	Fast heartbeat; skin rash (Drugs.com, 2021)	Agitation; Dizziness (Jones, 2020)
Nursing Considerations (2)	Use cautiously in patients with cardiac disorders, diabetes mellitus, hypertension; monitor serum potassium level because albuterol may cause transient hypokalemia (Jones, 2020)	Assess for signs and symptoms of adverse effects such as heart failure and hypertension; withdraw prednisone gradually as ordered if therapy lasts longer than two weeks (Jones, 2020)	Use cautiously in patients who are taking antidepressant drugs or tranquilizers; watch for allergic reactions after giving first dose, including angioedema, bronchospasm, pruritus, urticaria, dyspnea, hypotension (Jones, 2020)	Store medicine in a closed container at room temperature away from moisture, heat, direct sunlight; adjust therapeutic dose when there is evidence of clinical improvements (Rxlist, 2017)	Reduce dosage when alprazolam is discontinued; monitor for signs of decreased consciousness, sedation, coma, and respiratory depression (Jones, 2020)

Hospital Medications (5 required)

Brand/ Generic	**Ceftriaxone ROCEPHIN**	**Metronidazole FLAGYL**	**Pantoprazole PROTONIX**	**Acetaminophen TYLENOL**	**Hydromorphone DILAUDID**
Dose	2000 mg	500 mg	40 mg	1000 mg	0.5 mg
Frequency	Q24H	Q8H	BID Daily	Q6H PRN	Q2H PRN
Route	IV Piggyback	IV Piggyback	Oral	Oral	IV Push
Classification	Third-generation cephalosporin (Jones, 2020)	Nitroimidazole (Jones, 2020)	Proton pump inhibitor (Jones, 2020)	Nonsalicylate, paraminophenol derivative (Jones, 2020)	Opioid (Jones, 2020)
Mechanism of Action	Kills bacteria by interfering with bacterial cell wall synthesis (Jones, 2020)	Undergoes intracellular chemical reduction during anerobic metabolism. After metronidazole is reduced, it damages DNA's helical structure and breaks its strands, which inhibits bacterial nucleic acid synthesis and causes cell death. (Jones, 2020)	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric cells. Also inhibits last step in gastric acid production by blocking exchange of intracellular H^+ and extracellular K^2 from entering the stomach and HCl from	Reduces pain sensation by inhibiting the enzyme cyclooxygenase, blocking prostaglandin production, and by hindering pain impulse generation in the peripheral nervous system (Jones, 2020)	Alters pain perception by stimulating kappa and mu receptors after binding to opioid receptors in the spinal cord and CNS (Jones, 2020)

			forming (Jones, 2020)		
Reason Client Taking	To eliminate potential bacterial infection (Jones, 2020)	To treat systemic anaerobic infections to rule out diarrhea causing microorganism (Jones, 2020)	Preventative and prophylactic measure for GERD	To relieve mild to moderate pain; reduce fever (Jones, 2020)	To relieve mild to severe pain (Jones, 2020)
Contraindications (2)	Calcium containing IV solutions; solutions containing lidocaine (Jones, 2020)	Breastfeeding, disulfiram use within past 2 weeks, hypersensitivity to metronidazole or its components, trichomoniasis during first trimester of pregnancy. (Jones, 2020)	Hypersensitivity to pantoprazole, substituted benzimidazoles, or their components; concurrent therapy with rilpivirine containing products (Jones, 2020)	Hypersensitivity to acetaminophen; experiencing severe hepatic impairment (Jones, 2020)	Acute asthma; hypersensitivity to hydromorphone, other narcotics, or their components (Jones, 2020)
Side Effects/Adverse Reactions (2)	Clostridium difficile-associated diarrhea; neutropenia (Jones, 2020)	Dyspnea, Chest pain (Jones, 2020)	Hepatotoxicity; Hypomagnesemia (Jones, 2020)	Anxiety; hypertension (Jones, 2020)	CNS depression; respiratory depression (Jones, 2020)
Nursing Considerations (2)	Use cautiously in patients that are hypersensitive to penicillin due to cross-	Use cautiously in patients with CNS diseases; discontinue metronidazole if liver enzymes	Flush IV line with D_5W, normal saline solution, or lactated Ringer's injection before and after	Administer cautiously in patients with hepatic impairment or alcoholism; Monitor patient's renal function on long term	Administer IV form by direct injection over at least 2 minutes; rotate intramuscular and subcutaneous

	sensitivity; ask client if an allergic reaction was ever experienced when taking other antibiotics (Jones, 2020)	become elevated and monitor liver enzymes until baseline values are achieved (Jones, 2020)	administrating drug; monitor PT or INR during therapy if patient takes an oral anticoagulant (Jones, 2020)	therapy of acetaminophen (Jones, 2020)	injection sites (Jones, 2020)

Medications Reference (1) (APA):

Calciferol. (2017). Rxlist.com. Retrieved April 23, 2021 from https://www.rxlist.com/calciferol-drug.htm#description

Cholecalciferol (Oral). (2021). Drugs.com. Retrieved April 23, 2021 from https://www.drugs.com/cons/cholecalciferol.html#warnings

Jones, D. W. (2020). *Nurse's drug handbook*. (A. Barlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Johnson DB, Merrell BJ, Bounds CG. (2020). Albuterol. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK482272/

Vitamin D (Rx, OTC). (n.d). Medscape. Retrieved April 23, 2021 from https://reference.medscape.com/drug/drisdol-calciferol-vitamind-344417#5

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Client is alert and oriented to time, place, person, situation (x4). Client was very cooperative and appeared to be appropriately dressed and groomed. She appears to be in physical distress regarding her abdominal pain and chronic diarrhea. States that she feels fatigued, experiences chills from time to time and feels dehydrated.

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Client's skin was warm, pink, dry, and intact. Skin turgor was less than three seconds. No rashes, bruises, wounds, or drains present upon assessment. Client has Braden score of 21 (low risk) Client frequently gets up to use the restroom; she states that she gets up about every "twenty minutes" to go to the restroom.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Client's head is normocephalic and appears midline with neck. Ears appeared intact, free of drainage, and symmetrical. Eyes exhibited PERRLA and responded to the six cardinal fields. No drainage or redness in the eyes or conjunctiva. Client's nose appeared midline, intact, and absent of deviated septum. Client's teeth were intact with none missing; client states that she doesn't wear dentures. She states that she frequently experiences a dry mouth. .
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 were clear. Client had a regular heartbeat. No murmurs, S3, or S4 heard upon auscultation. Radial pulse, carotids, and dorsalis pedis were slightly faint to palpate bilaterally (+1). Capillary refill was less than three seconds. No neck vein distention, or edema found upon assessment.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Wheezing was heard upon auscultation of both lungs. No crackles were heard. Client has respiratory rate of 18 breaths per minute. Inhalation and exhalation appeared to be shallow, but even and symmetrical. No deformity of the chest or accessory muscle use was noted. Nonproductive cough was observed.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:**	Client is on a clear liquid diet at Sarah Bush but stated that she was on the BRAT diet at home prior admission for her chronic diarrhea for about two months.

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:**	Client's stands at 5'5" (168.4 cm). Client weighs 125.8 lbs (57.2 kg). Client's bowel sounds were active with 5 to 30 bowel sounds heard per minute upon auscultation. Last bowel movement was stated to be "twenty minutes ago" at around 1015 hours. Slight distention in the abdomen was observed upon inspection. Client verbalized and grimaced in pain upon light palpation of the four quadrants of the abdomen with greater pain emphasized on her left quadrants. No mass, tenderness, incisions, scars, drains, or wounds were observed upon assessment. Client states that she feels nauseous three to four times a day and was nauseous an hour ago. No ostomy, NG, feeding, or PEG tubes in place upon general inspection.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Client's urine was bright yellow, and clear. 3,400 mL of urine was collected and charted during clinical shift. She denied any frequency, urgency, or hesitancy changes in urine flow pattern. Denied any pain with urination. She states that she experiences flank pain on both sides. No dialysis or catheters in place upon assessment.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	Neurovascular status is intact; client has control of senses. ROM is full in upper and lower extremities bilaterally. Movement speed is appropriate and not slow. Client's strength in upper and lower extremities is equal and not limited (4/5) Client is independent and does not use any assistive devices to walk, but states that she does have a cane, and walker at home. She also states that she occasionally experiences dizziness when walking and getting up. Fall score: 35 (moderate fall risk)

	Client is free to move whenever she needs and states that she gets up to use the restroom every "twenty minutes". She states that she does not need assistance with equipment, ADLs, or support to stand and walk.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client has no problem moving all extremities evenly; strength and ROM is equal in upper and lower extremities. Client exhibits PERRLA in both eyes. Client is alert and oriented to time, place, person, and situation (x4). Mental status is intact and appropriate for age; can respond well to all questions asked. Speech is audible and clear. No slurring or murmuring observed. Sensory is intact in upper and lower extremities. Client was conscious throughout clinical.
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):**	Client is a Baptist Christian and prays to help her cope with her pain. She also enjoys talking to her grandkids to help her forget about her pain. Client's developmental level is appropriate for age. She is married and has two daughters that are both out of college and are working. Her husband helps take care of her and brings her food and beverages from home, while her daughters help her with hospital paperwork.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	85 bpm	135/85 mmHg	18 rpm	36.7 C	97%
1045	79 bpm	132/83 mmHg	18 rpm	36.9 C	97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	Numeric Pain Scale	Abdomen	8	Sharp, throbbing	Administer pain medication (acetaminophen) as needed
1045	Numeric Pain Scale	Abdomen	9	Sharp, throbbing	Administer pain medication (Norco) as needed

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:**	Client has 22 gauge IV in her left antecubital that was inserted on 4/18/21. IV site is intact, clear and exhibiting no signs of erythema, swelling, or drainage upon assessment. IV is patent and is not saline locked; ceftriaxone and metronidazole are being administered.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Ceftriaxone – 100 mL Metronidazole – 300 mL Oral Intake – 2,005 mL **Total = 2,405**	Void – 3,400 mL **Total = 3,400 mL**

Nursing Care

Summary of Care (2 points)

Client care consisted of administration of scheduled medications to control pain, performing a physical assessment, asking questions related to pain, and offering comfort through presence and talking with client. No tests or procedures were done during clinical. Client complained of abdominal pain and diarrhea. She rated the pain an 8 out of 10 and stated that she is “tired of going to the restroom every twenty minutes” and how administered medications aren’t making her feel better. She is incontinent and complains about not being able to fully control her bowels. Vital signs appeared to be stable; blood pressure, respiratory rate, temperature, pulse, and oxygen are within normal expected range and appeared relatively unchanged, but client’s pulse noted to have dropped from 85 bpm at 0730 hours to 79 bpm at 1045 hours. Client is on a clear liquid diet, but complains about how she can’t eat anything. She is independent and does not require assistance to get up. She states that she drinks her fluids all the time and goes to the restroom every twenty minutes. Her colonoscopy on May 4 is to be cancelled due to safety concerns regarding her diverticulitis. No other future plans at this time.

Discharge Planning (2 points)

Client states that she plans to be discharged home, but no discharge date is determined at this time. No home health needs determine currently at this time. Client states that she doesn’t need any equipment or assistive devices at home as she is able to walk on her own. No follow up plans determined at this time. Client will need to be educated on the importance of a clear liquid diet and to avoid solid foods until her diverticulitis gets better. She will need to be educated on the importance of hydration due to her chronic diarrhea, changing positions and getting up slowly to prevent dizziness related to her dehydration.

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. Dehydration related to chronic diarrhea as evidenced by signs and symptoms of dehydration including dry mouth, dizziness, fatigue, and yellow urine.	The client stated that she has had chronic diarrhea for a whole year, and a lot of fluids and electrolytes can be lost in diarrhea. She states that she goes to the restroom every "twenty minutes" and so she is at a high risk for dehydration; she already experiences signs and symptoms of dehydration.	**1.** Encourage client to stay hydrated and drink plenty of fluids. **2.** Monitor for ongoing signs and symptoms of dehydration.	**1. Goal met:** Client states that she will continue to drink her fluids. **2. Goal met:** Monitoring of client indicates that she is still dehydrated given the persistence of her signs and symptoms. Care will be continued.
2. Acute pain related to diverticulosis as evidenced by pain rating of 8 out of 10.	Client is experiencing constant abdominal pain and is under a lot of distress. The pain is described to be a throbbing and stabbing pain rated at an 8 out of 10. She requested pain medications on multiple occasions to relieve the pain.	**1.** Assess and monitor pain levels using numeric pain scale throughout clinical **2.** Administer scheduled pain medication.	**1. Goal met:** Collected pain rating twice during clinical to monitor severity trend of pain. **2. Goal met:** Administered acetaminophen at the scheduled time for pain relief.
3. Risk for	Client is losing a	**1.** Stay close to client	**1. Goal not met:** Client

falls related to dehydration and fall score as evidenced by dizziness while walking, and moderate fall risk.	lot of fluids through voiding and diarrhea which she states occurs roughly every twenty minutes and is exhibiting signs and symptoms of dehydration including dizziness. She states that she frequency feels dizzy when she walks to the bathroom. This combines with her moderate fall risk puts her at a greater risk for falling.	when she gets up and walks. Provide assistance when needed. **2** Instruct the client to sit up at the edge of the bed for about a minute before walking to the bathroom to prevent possible dizziness from orthostatic hypotension.	did not need to use the restroom during times accompanying the client **2. Goal met:** Client understood the reason behind sitting at the edge of the bed and verbalized that she will try to remember.

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

Client's nurse states that she has an ongoing infection.
Client states that she gets up "every twenty minutes" to go to the restroom.
Client states that she feels dizzy every time she gets up to walk.
Client complained of dry mouth, dizziness, and fatigue.
Described her pain as a sharp, stabbing kind of pain rated at an 8 out of 10.
Stated that she's had persistent diarrhea for a whole year.
Client states activities involving applied pressure to abdomen hurts her.

Nursing Diagnosis/Outcomes

Dehydration related to chronic diarrhea as evidenced by signs and symptoms of dehydration including dry mouth, dizziness, fatigue, and yellow urine.
Outcome: Client will drink at least 1000 mL of water during clinical shift.
Acute pain related to diverticulosis as evidenced by pain rating of 8 out of 10.
Outcome: Client will verbalize a reduced pain level of 5 out of 10 by the end of clinical shift.
Risk for falls related to dehydration and fall score as evidenced by dizziness while walking, and moderate fall risk.
Outcome: Client will ask for assistance and monitoring when she is about to get up to use the restroom.

Objective Data

Respiratory rate is 18 respirations per minute.
CT lab shows diverticulitis of sigmoid colon.
Urine was yellow.
Client is a moderate fall risk with fall score of 35.
Client grimaced in pain when light palpation was done on abdomen.
Client is on clear liquid diet.

Patient Information

Client is a 58-year old Caucasian female with history of chronic pulmonary disease, asthma, Methicillin Resistant Staphylococcus Aureus, and chronic diarrhea, was admitted with chief complaint of abdominal pain and persistent diarrhea. Pain is a stabbing; sharp pain rated an 8 out of 10 on a numeric pain scale.

Nursing Interventions

Encourage client to stay hydrated and drink plenty of fluids.
Monitor for ongoing signs and symptoms of dehydration.
Assess and monitor pain levels using numeric pain scale throughout clinical
Administer scheduled pain medication.
Stay close to client when she gets up and walks. Provide assistance when needed.
Instruct the client to sit up at the edge of the bed for about a minute before walking to the bathroom to prevent possible dizziness from orthostatic hypotension.