N321 Care Plan # 1

Lakeview College of Nursing

Kayla Wolpert

Demographics (3 points)

Date of Admission 5-21-21	**Patient Initials** A.W.	**Age** 77-years-old	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Worked at DACC	**Marital Status** Married	**Allergies** No known allergies (NKA)
Code Status FULL CODE	**Height** 5'7"	**Weight** 220lbs	

Medical History (5 Points)

Past Medical History: Patient (pt) past medical history include stroke, hyperlipidemia, hypertension (HTN), Alzheimer's Disease, dementia, deep vein thrombus (DVT), elevated troponin levels, chest pain, history of falls, history of urinary tract infections (UTI), acute kidney injury (AKI), unknown facial abrasion, subconjunctival hemorrhage of right eye, motor vehicle accident unknown when, orthostasis, syncope, edema in left lower extremity, venous insufficiency of both lower extremities, unspecified anxiety, cerebral hemorrhage, sinus bradycardia 7 years ago pt no longer has it, hypersensitive urgency, and chronic heart failure (CHF).

Past Surgical History: Pt has no known surgical history.

Family History: Pt has no known family history.

Social History (tobacco/alcohol/drugs): Pt is a former smoker, due to pt confusion she could not tell me how many packs a day. Pt never used drugs, alcohol, or smokeless tobacco.

Assistive Devices: Pt has glasses and a walker.

Living Situation: Currently the pt lives at home with her husband, but the family is looking into long-term care facility.

Education Level: Pt states, "I have a business degree from college". When asked if it was an associate, bachelor, or master's degree pt stated, "Associates Degree".

Admission Assessment

Chief Complaint (2 points): Fall due to urinary tract infection (UTI).

History of present Illness (10 points): A 77-year-old white female with a past history of falls. While at home pt has fallen multiple times before the husband could not get her back up and had to call the ambulance. Pt was brought to the emergency department (ER) due to progressive weakness and recurring falls. Pt's husband's states, "She had four falls over the last two days, and she was even unable to walk or get up". Signs and symptoms are still ongoing, while monitoring pt for falls. Due to pt having Alzheimer's and dementia, pt could not describe the fall or tell us what happened. She also could not tell us if something made it worse or better. She was very lethargic, alert, and oriented times two, to person and place. Pt has received treatment for falls in the past due to confusion.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): UTI

Secondary Diagnosis (if applicable): Acute kidney injury (AKI).

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

Urinary tract infection (UTI) is an infection that occurs in any part of the urinary system, including the kidneys, bladder, or urethra (Capriotti, 2020). A UTI is also referred to as cystitis. Generally, a healthy urinary tract is sterile in a patient, and bacterial flora is usually confined to the urethral opening. Women are more susceptible to UTIs due to our anatomical proximity of the rectum and the urinary tract enable the bacteria to quickly colonize in the urethra (Capriotti, 2020). A patient can also obstruct the urinary outflow decreasing the bladder's resistance to any bacteria (Capriotti, 2020). Uropathogenic bacteria can adhere, proliferate, and resist host defenses when in the bladder (Capriotti, 2020). Proteus mirabilis, another bacterium from the

bowel, secretes urease, which decreases the acidity of the urine and enhances its ability to invade the bladder (Capriotti, 2020). The bacteria change the pH of the urine, which can improve the formation of struvite calculi in the kidneys. Struvite calculi are calcium deposits that stay in the kidney and do not move. Interference with the urinary outflow occurs in such conditions as chronic voluntary suppression of urination, sexual intercourse, urinary tract obstruction, instrumentation of the urinary tract, use of catheters not drained to gravity, and vesicoureteral reflux (Capriotti, 2020). UTI's are most common in women and are rarely to occur in males. Hospital-acquired UTI is often associated with urinary catheterization and multidrug-resistant pathogens (Capriotti, 2020).

Risk factors may include women who wear tight, restrictive clothing, improper perineal hygiene, use of irritating bath products, dehydration, diabetes, urinary catheterization, bladder cancer, sexual intercourse, and oral contraceptives (Capriotti, 2020). Most of the time, the patients' history reveals the classic UTI symptoms of frequency, pain or burning on urination (dysuria), urgency, and occasionally hematuria (Capriotti, 2020). Hematuria means that there is blood in the urine. Gross hematuria can be seen by the naked eye, or microhematuria, which means it cannot be seen by the naked eye and must be seen by the microscope or a dipstick at the doctor's office to determine if blood is present in the urine. UTI's do not cause fever; if a fever is present, then the physician should assess something else is the cause of the fever. To diagnosis a patient with a UTI, the patient must provide the nurse and doctor with a urinalysis and urine culture. A urinalysis using a dipstick usually shows some red blood cells (RBCs); positive leukocyte esterase indicates WBCs; and nitrates, which indicate bacteria (Capriotti, 2020). On microscopic urinalysis, neutrophils, RBCs, and bacteria are present in a clean-catch midstream

specimen of urine (Capriotti, 2020). On a urine culture, infection is indicated by a colony count of bacteria greater than 10^5/mL (Capriotti, 2020).

Treatment for a UTI is an antibiotic. To determine the appropriate antibiotic by culture and sensitivity testing (Capriotti, 2020). Hydration is critical to help the clearance of the bacteriuria. Some studies have shown that cranberry juice can decrease the risk of UTI because it lessens the adherence of bacteria to the bladder wall (Capriotti, 2020). There is a significant complication to be aware of, and that is urosepsis. Urosepsis is a condition because of bacteremia, which means if the patient's UTI is not under control, the infection can travel from the bladder to the bloodstream and cause sepsis. Patients that present with urosepsis can have signs and symptoms of fever, chills, disorientation, confusion, and hypotension (Capriotti, 2020).

My patient was brought to the emergency department due to confusion and falls. My patient was diagnosed with a UTI by getting a complete blood count (CBC), complete metabolic panel (CMP), arterial blood gas exchange (ABGs), urinalysis, and urine culture. My patient did not have any other symptoms of a urinary tract infection other than abnormal labs and confusion. My patient has no pain when urination or discomfort. My patient is on multiple antibiotics to help with the UTI and received fluids until the doctor discontinued them due to gaining 6 pounds in 24 hours. The doctor changed the patient from ceftriaxone to cephalexin.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for 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	**Male: 4.7-6.1 Female: 4.2-5.4**	**3.91**	*	Pt RBCs could be low to possible dehydration, history of smoking, kidney or other tumor that produces excess erythropoietin (Pagana et al., 2020).
Hgb	**Male: 14-18g/dL Female: 12-16g/dL**	**12.8**	***Unable to obtain***	
Hct	**Male: 40-52% Female: 36-47%**	**38.6**	*	
Platelets	**150-400 x 10^9/L**	**116**	*	Platelets could be low due to UTI, hemorrhage, also could be a sign of sepsis starting (Pagana et al., 2020).
WBC	**5-10 x 10^9/L**	**12**	*	WBCs could be increased due to UTI, inflammation, and possible stress (Pagana et al., 2020).
Neutrophils	**55-70%**	**75.8**	*	Neutrophils could be elevated due to UTI and history of smoking (Pagana et al., 2020).
Lymphocytes	**20-40%**	**14.9**	*	Lymphocytes could be low due to drug therapy, a sign of sepsis starting, possible immune deficiency (Pagana et al., 2020).
Monocytes	**2-8%**	**7.9**	*	
Eosinophils	**1-4%**	**0.6**	*	Eosinophils could be low due to increased adrenosteriod production. But this is often difficult to determine because numbers are normally low in the blood and usually not medically significant (Pagana et al., 2020).
Bands	**0.5-1%**	**0.8**	*	

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 mEq/L**	**141**	**140**	
K+	**3.5-5 mEq/ L**	**4.5**	**4.5**	
Cl-	**98-106 mEq/L**	**112**	**110**	Pts Cl- levels are both elevated, possibly due to kidney disfunction or high blood sodium (Pagana et al., 2020).
CO2	**23-30 mEq/ L**	**19**	**21**	A low CO2 level could be due to kidney disease, overdose of aspirin and severe diarrhea (Pagana et al., 2020).
Glucose	**74-106 mg/ dL**	**138**	**91**	Pt had a high glucose level this could be due to acute stress response, diuretic therapy, and possible start of chronic renal failure (Pagana et al., 2020).
BUN	**10-20 mg/dL**	**51**	**46**	BUN levels are high that could be due to antibiotics that the patient is on, CHF, ureteral obstruction, bladder outlet obstruction, possibly due to renal failure (Pagana et al., 2020).
Creatinine	**0.5-1.1 mg/ dL**	**1.66**	**1.56**	Creatinine levels are high due to CHF, possibly due to diuretic the pt is on, and urinary tract obstruction (Pagana et al., 2020).
Albumin	**3.5-5 mg/dL**	**4.1**	***Unable to obtain***	
Calcium	**9-10.5 mg/dL**	**10.1**	**9.9**	
Mag	**1.3-2.1 mEq/dL**	**2.5**	*****	Mag levels are high due to renal insufficiencies and possible ingestion of too much magnesium containing antacids or salts (Pagana et al., 2020).
Phosphate	**3-4.5 mg/dL**	**4.2**	*****	

Bilirubin	**0.3-1 mg/dL**	**0.8**	*	
Alk Phos	**30-120 U/L**	**68**	*	
AST	**0-35 U/L**	**17**	*	
ALT	**4-36 U/L**	**11**	*	
Amylase	**60-120 U/L**	*	*	
Lipase	**0-160 U/L**	**25.7**	*	
Lactic Acid	**0.5-2.2 mmol/L**	**1.1**	*	

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**	***Unable to obtain***	**1.6**	INR could be elevated due to vitamin K deficiency or possibly disseminated intravascular coagulation (DIC), could also be due to coumarin ingestion (Pagana et al., 2020).
PT	**11-12.5 sec**	*	*	
PTT	**60-70 sec**	*	*	
D-Dimer	**Greater then 0.4 mcg/mL or greater than 250 ng/mL**	*	*	
BNP	**Less than 100 pg/mL**	**30**	*	
HDL	**Male: greater than 45 mg/dL**	*	*	

	Female: greater than 55 mg/dL			
LDL	**Adult: less than 130 mg/dL** **Children: less than 110 mg/dL**	*	*	
Cholesterol	**Less than 200 mg/dL**	*	*	
Triglycerides	**40-180 mg/dL**	*	*	
Hgb A1c	**Below 5.7%**	*	*	
TSH	**2-10 mU/L**	*	*	

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	**Clear, Amber/ Yellow**	***Unable to obtain***	**Cloudy & yellow**	Cloudy urine may be caused by the presence of pus, RBCs, or bacterial (Pagana et al., 2020).
pH	**4.6-8 Average: 6**	*	**7.0**	
Specific Gravity	**1.005-1.03**	*	**1.017**	
Glucose	**30-300 mg/day**	*	**Negative**	
Protein	**0-8 mg/dL**	*	**1+**	Protein could be detected in urine due to nephrotoxic rug therapy, CHF, possibly due to renal vein thrombosis and polycystic kidney disease (Pagana et al., 2020).
Ketones	**Negative**	*	**Negative**	
WBC	**0-4 per low-power field Negative for cast**	*	**11-20 Negative for cast**	WBCs levels are extremely high due to UTI (Pagana et al., 2020).
RBC	**Less than or equal to 2,**	*	**Negative for cast**	

	negative for cast			
Leukoesterase	**Negative**	*	**3+**	Leukoesterase is elevated due to UTI and possible acute renal injury (Pagana et al., 2020).

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: less than 10,000 per mm of U** **Positive: greater than 100,000 per mm of U**	***Unable to obtain***	**Greater than 100,000** **Via clean catch**	Pt has abnormal findings due to pt having UTI. This test is done to diagnose an UTI. Pts urine was also cloudy (Pagana et al., 2020).
Blood Culture	**Negative**	*	*	
Sputum Culture	**Normal Upper RT**	*	*	
Stool Culture	**Normal intestinal flora**	*	*	

Lab Correlations Reference (1) (APA):

Pagana, M. D. F., Pagana, T. J., Pagana, T. N., & Theresa Noel Pagana, M. D. F. (2020). *Mosby's Diagnostic and Laboratory Test Reference* (15th ed.). Elsevier Gezondheidszorg.

Diagnostic Imaging

All Other Diagnostic Tests (5 points) & Diagnostic Test Correlation (5 points): Pt had a two views chest x-ray of the lungs. Chest X-rays are a common type of exam. A chest X-ray is often among the first procedures you will have if your doctor suspects heart or lung disease (Chest X-

Rays - Mayo Clinic, 2020). A chest X-ray can also be used to check how you are responding to treatment. Chest X-rays can detect cancer, infection or air collecting in the space around a lung, which can cause the lung to collapse (Chest X-Rays - Mayo Clinic, 2020). They can also show chronic lung conditions, such as emphysema or cystic fibrosis, as well as complications related to these conditions (Chest X-Rays - Mayo Clinic, 2020). Pt had this done on 5-21-21 at 1725. The results of this test per the chart said, “Old granulomatous disease in left lung. Evaluation of right hemidiaphragm has no change since 11-4-18, with no acute cardiopulmonary abnormality is demonstrated.”.

Pt also received a Computed tomography (CT) of the head and brain without contrast. CT of the head uses special x-ray equipment to help assess head injuries, severe headaches, dizziness, and other symptoms of aneurysm, bleeding, stroke, and brain tumors (Acr, 2019). Like x-rays, it produces multiple images or pictures of the inside of the body (Acr, 2019). The cross-sectional images generated during a CT scan can be reformatted in multiple planes (Acr, 2019). They can even generate three-dimensional images. CT scanning provides more detailed information on head injuries, stroke, brain tumors and other brain diseases than regular radiographs (x-rays) (Acr, 2019). This was done on 5-21-21 after the x-ray. The results of this test said, “Interval resolution of previous demonstrated acute intracranial hemorrhage. Stable small left frontal cerebral atrophy. Mild to moderate diffuse cerebral atrophy. Rightward deviation of septum pellucidum possibly due to left intraventricular cyst difficult to visualize on study. Recommended MRI of brain for further evaluation note that this is stable to prior, and no acute ischemic infraction”.

Diagnostic Test Reference (1) (APA):

Acr, R. A. (2019, February 20). *Computed Tomography (CT) - Head*. Radiologyinfo.Org. https://www.radiologyinfo.org/en/info/headct

Chest X-rays - Mayo Clinic. (2020, May 2). Mayo Clinic. https://www.mayoclinic.org/tests-procedures/chest-x-rays/about/pac-20393494

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

Home Medications (5 required)

Brand: **Generic:**	Wellbutrin bupropion hydrochloride	Bayer aspirin	Aricept donepezil hydrochloride	Lasix furosemide	
Dose	150mg	81mg	10mg	20mg	
Frequency	Daily	Daily	Nightly	Daily	
Route	By mouth (PO)	PO	PO	PO	
Classification	Antidepressant, smoking cessation adjunct.	NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic).	Antidementia, acetylcholinesterase inhibitor.	Loop diuretic, antihypertensive diuretic.	

Mechanism of Action	May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression (Jones & Bartlett Learning, 2020),	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammatory response, cause local vasodilation with swelling and pain. With blocking of cyclooxygenase and inhabitation of prostaglandins, inflammatory systems subside. (Jones & Bartlett Learning, 2020),	Reversibly inhibits acetylcholinesterase and improves acetylcholine's concentration at cholinergic synapses. Raising acetylcholine level in the cerebral cortex may improve cognition. It does become less effective as Alzheimer's disease progresses and number of intact cholinergic neurons decline (Jones & Bartlett Learning, 2020).	Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. It also helps increase the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. (Jones & Bartlett Learning, 2020).	
Reason Client Taking	To help with depression.	To reduce risk for recurrent stroke.	Dementia and Alzheimer's disease.	To help with water retention and congestive heart failure (CHF).	
Contraindications (2)	Hypersensitivity to bupropion or its components, use within 14days of an MAO inhibitor (MAOI).	Active bleeding or coagulation disorders, fever, or flu-like symptoms.	Hypersensitivity to donepezil, piperidine derivatives, or their components.	Anuria, hypersensitivity to furosemide or its components.	
Side Effects/Adverse Reactions (2)	Potential side effects could be confusion, blurred vision, dizziness, cystitis.	Confusion, CNS depression, prolonged bleeding time or decreased blood iron levels.	Agitation, confusion, depression, dizziness, cystitis, and edema.	Bladder spasms, dizziness, oral irritation, tinnitus, and elevated cholesterol and triglyceride levels.	
Nursing Considerations (2)	Use cautiously in patients with renal impairment (all other brands) since the drug is excreted by the kidneys and monitor depressed	Do not crush timed-released or controlled-release aspirin tablets unless directed to and ask about tinnitus, this	Take safety precautions if the patient is dizzy or has other adverse CNS reactions and know if the patient has cardiac disease	Be cautious of those patients who are allergic to sulfonamides or furosemide. Obtain patient's weight before and	

	patients closely for worsened depression and increased suicide risk, especially when therapy starts or dosages change (Jones & Bartlett Learning, 2020).	reaction usually occurs when blood aspirin levels reach or exceeds maximum dosage for therapeutic effect (Jones & Bartlett Learning, 2020).	that needs to be monitored while taking this medication (Jones & Bartlett Learning, 2020).	periodically during furosemide therapy to monitor fluid loss or retention (Jones & Bartlett Learning, 2020).	

Hospital Medications (5 required)

Brand: **Generic:**	Eliquis apixaban	Keflex cephalexin monohydrate	Coreg carvedilol	Rocephin ceftriaxone sodium
Dose	5mg	500mg	6.25mg	1g
Frequency	Two times daily (BID)	BID	BID with meals	Every (Q) 24hrs
Route	PO	PO	PO	IV push
Classification	Anticoagulant, Factor Xa inhibitor.	Antibiotic.	Nonselective beta blocker and alpha-1 blocker, antihypertensive.	Antibiotic.
Mechanism of Action	Inhibits free and clot-bound factor Xa and prothrombinase activity. It indirectly inhibits platelet aggregation induced by thrombin and it also decreases thrombin generation and thrombus development (Jones & Bartlett Learning, 2020).	Interferes with bacterial cell wall synthesis by inhibiting the final step in the cross-linking of peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective, without it bacterial cells rupture and die (Jones & Bartlett Learning, 2020).	Reduces cardiac output and tachycardia, causes vasodilation, and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload (Jones & Bartlett Learning, 2020).	Interferes with bacterial cell wall synthesis by inhibiting cross-linking or peptidoglycan strands. Peptidoglycan makes the cell membrane rigid and protective, without it bacterial cells rupture and die (Jones & Bartlett Learning, 2020).
Reason Client	To reduce the	To help with	To help control	To help with patients

Taking	risk of stroke and systemic embolism.	patients UTI due to ceftriaxone sodium not being strong enough to kill the bacteria.	hypertension.	UTI.
Contraindications (2)	Active pathological bleeding, severe hypersensitivity to apixaban or its components.	Hypersensitivity to cephalexin, other cephalosporins, or their components.	Severe bradycardia, angioedema, or cardiogenic shock.	Hypersensitivity to ceftriaxone or other beta-lactam antibacterial and since it was IV push it must be administered with lidocaine.
Side Effects/Adverse Reactions (2)	Hemorrhagic stroke, hematuria, and excessive bleeding.	Edema, elevated BUN levels, headaches, and chills.	Hypertension, depression, dizziness, UTI, elevated BUN and creatinine levels.	Edema, oliguria, elevated BUN level, headache, and reversible hyperactivity.
Nursing Considerations (2)	If medication is discontinued prematurely and adequate alternative anticoagulation is not present, the risk for thrombosis increases and if tablet is crushed, mix with apple juice or water or put in applesauce and administer immediately for patients that are unable to swallow whole tablets (Jones & Bartlett Learning, 2020).	Monitor patients BUN and serum creatinine levels to detect early signs of nephrotoxicity. Monitor patients input and output and monitor for allergic reactions a few days after therapy started (Jones & Bartlett Learning, 2020).	Monitor patients blood glucose level, as ordered, during carvedilol therapy because drug may alter blood glucose levels and know that if the patient has heart failure, expect to also give digoxin, a diuretic, and an ACE inhibitor (Jones & Bartlett Learning, 2020).	Obtain culture and results before administration and protect the powder from light and reconstitute with appropriate diluent (Jones & Bartlett Learning, 2020).

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Pt appears alert and oriented to person and place (A & Ox2) but not time or situation, pt was well groomed, and no acute distress.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 11** **Drains present: Y☐ N ☒** **Type:**	All extremities pink, warm, dry, and symmetrical. Pulses 2+ throughout bilaterally. Capillary refill less than 3 seconds in fingers and toes bilaterally. Edema was present in pt's lower extremities bilaterally but no pitting edema. Normal skin turgor. No edema present in upper extremities bilaterally. Epitrochlear lymph nodes nonpalpable bilaterally. Pt would not allow me to do Homan's sign due to pt's A & Ox2. Pt had no rashes, lesions, bruises, or wounds. Pt also scored a Braden Score of 11, which means the pt is a high risk for skin breakdown.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and 2+. No lymphadenopathy in the head or neck. Pt's facial abrasion was no longer noticeable, no scars noted. Bilateral sclera white, bilateral cornea clear, bilateral conjunctiva pink, no visible drainage from eyes. Pt's history of subconjunctival hemorrhage of right eye is no longer noticeable and not present. Bilateral lids are moist and pink without lesions or discharge noted. PERRLA bilaterally, red light reflex and Rosenberg 20/20 was unable to obtain due to not having proper equipment. EOMs intact bilaterally. Bilateral auricles moist and pink without lesions. Did not have proper equipment to be able to look in pt ear canals or in the septum. Septum is midline with no deviation, no bleeding noted and could not see polyps due to not being able to see inside septum. Bilateral sinuses are nontender to palpation. Pt started to

	get agitated and would not let me do an assessment on the throat and mouth. Pt did state, "I have partials on top and bottom" referring to her teeth. .
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:**	Clear S1 & S2 without murmurs, gallops, or rubs. Sinus bradycardia is no longer noticeable. PMI palpable at 5th intercostal space at MCL. Normal rate and rhythm. Pulses are 2+ throughout bilaterally. Capillary refill is less than 3 seconds in fingers and toes bilaterally. Pt has edema in bilateral lower extremities, no pitting edema. Area was swollen, red/pink, and warm.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Normal rate and pattern of respirations, respirations are symmetrical and non-labored, lungs sounded clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Pt has a normal diet at home and in the hospital, which I thought was odd due to pt having history of CHF. Pt's height is 5'7" and her weight is 220lbs. Abdomen is soft and nontender upon light palpation of all four quadrants. Pt started to get agitated due to mental status and would not let me do deep palpation or check for CVA tenderness. Bowel sounds are normoactive in all four quadrants, pt's last bowel movement was the night before on 5-23-21. Pt had no scars, wounds, rashes, lesions, or drains noted.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒**	Pt's urine is cloudy and yellow. Pt urinates little at a time due to UTI. Pt states, "No pain when peeing".

Inspection of genitals: **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 95** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt's balance was unsteady. Pt needed gait belt, walker, and assistance personnel to help walk to and from bathroom. Pt is A & Ox2 (person & place). PERRLA intact bilaterally. Pt had a fall score of 95 on the Morse Fall Scale, which means the pt is a high fall risk. Due to previous falls, secondary diagnosis, needing assistance ambulating, having an IV, Gait is weak, and pt's mental status.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	All extremities have full range of motion (ROM). Hand grips and pedal pushes and pulls demonstrated normal and equal strength. Pt's balance was unsteady. Pt needed gait belt, walker, and assistance personnel to help walk to and from bathroom. Pt is A & Ox2 (person & place). PERRLA intact bilaterally. Pt has history of Alzheimer's and dementia. Pt was able to talk with me and others. Pt did not have sensory abnormalities and pt never LOC.
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 told me, "I'm not coping well with this UTI thing". She could not tell me how she coped at home or if she had someone who helped her cope with problems. Developmental level, pt has an associate degree but has Alzheimer's and dementia. Pt did state, "I am part of Church of Nazarene". She lived at home with her husband and had two children but speaking to the husband he told me they had four children.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0841	59	122/72	18	98.6	95%
1112	64	100/66	16	97.0	97%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0841	1-10 scale & facial scale	n/a	0, pt denies any pain.	n/a	Monitor pt and maintain pain.
1438	1-10 scale & facial scale	n/a	0, pt denies any pain.	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:**	IV size: peripheral IV-line, 20 gauge Location: median vein (under side of the right arm) Date: 5-23-21, 1535 due to pt pulling out IV previously. Pt's IV is intact with no abnormalities.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
2440 mL throughout the day	Pt was toileted times 3, pt used toilet. Pt also was soiled times one when given bed bath.

Nursing Care

Summary of Care (2 points)

Overview of care: Helped pt to and from bathroom, gave pt bed bath. Made sure pt's call light was in reach, bed alarm was on. Monitored pt with fluids and dietary intake.

Procedures/testing done: Doctor had us hold fluids due to pt gaining 6lbs in 24 hours.

Complaints/Issues: N/a

Vital signs (stable/unstable): Pt's vitals were stable.

Tolerating diet, activity, etc.: Pt's has a normal diet and it able to tolerate it well. Pt needs assistance walking to and from bathroom with gait belt, walker, and assistance. Pt also refused physical therapy today.

Physician notifications: Doctor had us discontinue fluids due to edema and weight gain and will be starting her on a different antibiotic tomorrow.

Future plans for patient: Pt finish antibiotics and discussion of future long-term care (LTC) for pt.

Discharge Planning (2 points)

Discharge location: To a long-term care facility, family still unsure which facility she will be going to.

Home health needs (if applicable): No, because pt will be going to LTC.

Equipment needs (if applicable): Pt has a walker at home and will need one when discharged to LTC.

Follow up plan: Follow up will come at a different day due to unsure of time of discharge.

Education needs: Pt and family will need education about LTC facilities, pt may not understand why she is going due to cognitive state.

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and

			outcomes, modifications to plan.
1. Excess fluid volume related to CHF as evidenced by edema in bilateral lower extremities and pt has gained 6lbs since yesterday.	This diagnosis was chosen due to patient having edema in bilateral lower extremities and the patient has gained 6 pounds in 24 hours.	1. Fluid management 2. Daily weights	Due to patients' cognitive state, she did not understand the interventions provided and family was not present. We are hoping by these interventions the patient will remain edema free and maintain body weight. Doctor was notified about weight and the nurse stop IV fluids (Ackley et al., 2019).
2. Risk for falls related to Alzheimer's and dementia as evidence by Morse Scale being 95.	This diagnosis was chosen due to patient's Morse Scale being 95, patient walks with walker, gait belt, and is dependent on staff for assistance, and environment was cluttered.	1. Use a fall risk armband/bracelet and fall risk room sign up to alert staff for increased fall risk. 2.Monitor gait, balance, and fatigue level with ambulation.	Due to patients' cognitive state, she did not understand the interventions provided and family was not present. Remain free of falls, have a decreased risk of injury if sustains fall, adapt to the environment to minimize the incidence of falls, and explain the methods to prevent falls (Ackley et al., 2019).
3. Risk for impaired skin integrity related to urinary incontinence as evidence by Braden Score of 11.	This was chosen due to patients' urinary incontinence, Braden score of 11, patient has an UTI, and patient is dependent on staff to ambulate.	1. Reposition patient every 2 hours. 2. Monitor color, temperature, edema, moisture, and appearance of patients' skin and keep skin dry of moisture.	Due to patients' cognitive state, she did not understand the interventions provided and family was not present. By repositing the patient, it can help pressure ulcers from forming as well as checking the patients' skin frequently so will keeping the patient's skin dry (Ackley et al., 2019).

Other References (APA):

Ackley, B. J., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M., & Zanotti, M. (2019). *Nursing Diagnosis Handbook* (12th ed.). Elsevier Gezondheidszorg.

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

1. Excess fluid volume related to CHF as evidenced by edema in bilateral lower extremities and pt has gained 6lbs since yesterday.
   a. Due to patients' cognitive state, she did not understand the interventions provided and family was not present. We are hoping by these interventions the patient will remain edema free and maintain body weight. Doctor was notified about weight and the nurse stop IV fluids (Ackley et al., 2019).
2. Risk for falls related to Alzheimer's and dementia as evidence by Morse Scale being 95.
   a. Due to patients' cognitive state, she did not understand the interventions provided and family was not present. Remain free of falls, have a decreased risk of injury if sustains fall, adapt to the environment to minimize the incidence of falls, and explain the methods to prevent falls (Ackley et al., 2019).
3. Risk for impaired skin integrity related to urinary incontinence as evidence by Braden Score of 11.
   a. Due to patients' cognitive state, she did not understand the interventions provided and family was not present. By repositing the patient, it can help pressure ulcers from forming as well as checking the patients' skin frequently so will keeping the patient's skin dry (Ackley et al., 2019).

Pt did state, "I have partials on top and bottom" referring to her teeth.

Pt told me, "I'm not coping well with this UTI thing".

Pt did state, "I am part of Church of Nazarene".

Pt states, "No pain when peeing".

Pt's husband's states, "She had four falls over the last two days, and she was even unable to walk or get up".

Pt states, "I have a business degree from college". When asked if it was an associate, bachelor, or master's degree pt stated, "Associates Degree".

Objective Data

Patient Information

White, female, age 77, married.

Full code, 5'7", 220lbs.

Alzheimer's disease, UTI, CHF,

Nursing Interventions

1. Fluid management
2. Daily weights
3. Use a fall risk armband/bracelet and fall risk room sign up to alert staff for increased fall risk.
4. Monitor gait, balance, and fatigue level with ambulation. .
5. Reposition patient every 2 hours.
6. Monitor color, temperature, edema, moisture, and appearance of patients' skin and keep skin dry of moisture.

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0841	59	122/72	18	98.6	95%
1112	64	100/66	16	97.0	97%

no pain

Alert and oriented times person and place but not time and situation.

Pt denied pain when asked both times.

Weight gain of 6lbs in 24 hours.

PERRLA normal.

Edema in bilateral lower legs.

Braden Score 11

Morse Fall 95