

N321 Care Plan # 2
Lakeview College of Nursing
Conor Anthony Deering

Demographics (3 points)

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|-------------------------------------|---------------------------------|-----------------------------------|--------------------------|
| Date of Admission 5/12/21 | Patient Initials J.W. | Age 77 y/o | Gender Female |
| Race/Ethnicity Caucasian | Occupation Unemployed | Marital Status Divorced | Allergies NKDA |
| Code Status Full | Height 5' 2" | Weight 150lbs | |

Medical History (5 Points)

Past Medical History: A-fib, HTN, hiatal hernia

Past Surgical History: Prosthetic heart valve, upper GI endoscopy, colonoscopy, cardiac surgery (atrial septal defect)

Family History: (mother) Parkinson’s disease, leukemia

Social History (tobacco/alcohol/drugs): Never: alcohol, tobacco, drugs

Assistive Devices: None

Living Situation: Lives with 55 y/o son and a German shepherd

Education Level: High school education with some college

Admission Assessment

Chief Complaint (2 points): Weak/dizzy feeling

History of present Illness (10 points): Pt felt weak/dizzy x 1 week before admission. She did not feel adversely in a specific location; however, noticed her “stool was very black.” Pt decided to come into the emergency room due to “feeling worse” as

the “weak/dizzy feeling” was constant. Pt did not feel a specific character of pain but noted “weak/dizzy feeling”. Pt did not try to treat herself with anything and has not been seen by a provider before this visit.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Anemia

Secondary Diagnosis (if applicable):.

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

Hemoglobin is central to the ability of our blood to carry oxygen from the lungs to all tissues in the body. Anemia is the loss of hemoglobin in the blood classified explicitly as having the amount of hemoglobin be well below-average (two standard deviations) for the typical person of the age and gender of the affected person (Warner & Kamran, 2020). Anemia can be minimal and not need treatment or be severe and cause death. My patient's anemia diagnosis is indicated by the below-average lab values of red blood cells, hemoglobin, and hematocrit via a complete blood count. Anemia is common with symptoms of lethargy and weakness, but the signs and symptoms are often non-specific (Turner et al., 2021). My patient has reported seeing abnormally dark stools (indicative of blood) and feeling weak with dizziness; what the patient said points to iron deficiency anemia from GI bleeding (Turner et al., 2021). Blood loss is the most common cause of iron deficiency anemia in older patients (Warner & Kamran, 2020). In addition to the information the patient has given us, she has an increased Pt/INR and uses Plavix and Clopidogrel as home medications; however, the hemoccult blood test (which finds hidden blood in stool), colonoscopy (which is a visual aid from the lower GI tract), and endoscopy (which is a visual aid of the upper GI tract) all concluded no GI bleeding at the time of admission; however, GI diagnostics in 1/3 of the patients assessed fail in finding a cause to anemia (Warner & Kamran, 2020). Our patient is being treated for iron deficiency anemia and being given ferrous sulfate (iron), which is essential to the production of hemoglobin and is appropriate because "iron is the most common single-nutrient deficiency" (Warner & Kamran, 2020). The patient said she was having symptoms for about a week, so it is possible that the patient's clotting mechanism halted the bleeding before admission with residual effects being felt for 14 days (Warner & Kamran, 2020). In the

management of anemia from acute blood loss, it is appropriate to treat a patient with IV fluids, oxygen, and crossmatch red blood cells in case of needing to administer (Turner et al., 2021); however, on my shift my patient only received ferrous sulfate.

Pathophysiology References (2) (APA):

Turner, J., Parsi, M., & Badireddy, M. (2021, April 19). *Anemia*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK499994/>.

Warner, M. J., & Kamran, M. T. (2020, August 10). *Iron Deficiency Anemia*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK448065/>.

Laboratory Data (15 points)

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

| Lab | Normal Range | Admission Value | Today's Value | Reason for Abnormal Value |
|-----|--------------|-----------------|---------------|---|
| RBC | 3.8 – 5.30 | 2.84 | 2.58 | Low RBCs are present in anemia, which is this patient's main diagnosis (<i>Patient Education on Blood, Urine, and Other Lab Tests</i> <i>Lab Tests Online</i> , 2021). |
| Hgb | 12 – 15.8 | 8.4 | 7.7 | Low Hgb is present in anemia, which is this patient's main diagnosis (<i>Patient Education on</i> |

| | | | | |
|--------------------|------------------|-------------|-------------|---|
| | | | | <i>Blood, Urine, and Other Lab Tests Lab Tests Online, 2021).</i> |
| Hct | 36 - 47 | 24.5 | 22.2 | Low Hct is present in anemia, which is this patient’s main diagnosis (Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021). |
| Platelets | 140 - 440 | 314 | 291 | |
| WBC | 4 - 12 | 9.10 | 8.5 | |
| Neutrophils | 47 - 73 | 71.7 | 59 | |
| Lymphocytes | 18 - 42 | 15 | 25.5 | Pt low lymphocyte count can be due to malnutrition (Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021). |
| Monocytes | 4 - 12 | 8.5 | 8.7 | |
| Eosinophils | 0 - 5 | 4.1 | 5.6 | Eosinophils can be high due to inflammation (Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021). |
| Bands | | | | This lab was not gathered* |

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- | 133 - 144 | 138 | 141 | |
| K+ | 3.5 – 5.1 | 3.3 | 3.3 | Pt K+ is low due to furosemide |

| | | | | |
|------------|------------|------|------|--|
| | | | | treatment (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| Cl- | 98 - 107 | 103 | 106 | |
| CO2 | 21 - 31 | 27 | 27 | |
| Glucose | 70 - 99 | 100 | 98 | Pt glucose can be high due to stress (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| BUN | 7 - 25 | 14 | 14 | |
| Creatinine | 0.5 - 1 | 1.25 | 1.04 | This pt could have increased creatinine due to infection or dehydration (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| Albumin | 3.5 – 5.7 | 3.7 | | |
| Calcium | 8.8 – 10.2 | 8.3 | 8.2 | Pt Calcium is low due to furosemide treatment (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| Mag | 1.6 – 2.6 | 2.1 | | |
| Phosphate | | | | This lab was not gathered* |
| Bilirubin | 0.2 – 0.8 | .03 | | |

| | | | | |
|-------------|----------|------|--|---|
| Alk Phos | 34 – 104 | 109 | | Alkaline Phosphatase can be high in older adults for no reason (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| AST | 13 – 39 | 13 | | |
| ALT | 7 – 52 | 9 | | |
| Amylase | | | | This lab was not gathered* |
| Lipase | 11 – 82 | 29.7 | | |
| Lactic Acid | | | | This lab was not gathered* |

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 | 1.8 | | This pt has a high result due to apaxiban treatment (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online, 2021</i>). |
| PT | 10.1 – 13.1 | 22.7 | | This pt has a high result due to apaxiban treatment (<i>Patient Education on Blood, Urine, and Other Lab Tests Lab Tests Online,</i> |

| | | | | |
|----------------------|------------|--|--|-----------------------------------|
| | | | | 2021). |
| PTT | | | | This lab was not gathered* |
| D-Dimer | | | | This lab was not gathered* |
| BNP | | | | This lab was not gathered* |
| HDL | > 40 | | | |
| LDL | < 130 | | | |
| Cholesterol | < 200 | | | |
| Triglycerides | < 150 | | | |
| Hgb A1c | | | | This lab was not gathered* |
| TSH | 0.27 – 4.2 | | | |

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 | | Slightly cloudy, yellow | | Cloudy urine can indicate UTI (<i>Patient Education on Blood, Urine, and Other Lab Tests</i> <i>Lab Tests Online</i>, 2021). |
| pH | 5 - 9 | 6 | | |
| Specific Gravity | 1.003-1.030 | 1.003 | | |

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|----------------------|------------|------------|--|---|
| Glucose | NEG | NEG | | |
| Protein | NEG | NEG | | |
| Ketones | NEG | NEG | | |
| WBC | NEG | NEG | | |
| RBC | NEG | NEG | | |
| Leukoesterase | NEG | 1+ | | High leukoesterase in urine is indicative of infection (<i>Patient Education on Blood, Urine, and Other Lab Tests</i> <i>Lab Tests Online</i>, 2021). |

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 | NEG | >100,000 Diphtheroid | | Diphtheroids are normal flora of the skin but increasing infections have been reported with this bacterium (Chandra, 2016). It is possible that this sample may be contaminated due to the type of bacteria being normal flora of mucous membranes (<i>Patient Education on Blood, Urine, and Other Lab Tests</i> <i>Lab Tests Online</i>, 2021). |

| | | | | |
|-----------------------|--|--|--|-----------------------------------|
| Blood Culture | | | | This lab was not gathered* |
| Sputum Culture | | | | This lab was not gathered* |
| Stool Culture | | | | This lab was not gathered* |

Lab Correlations Reference (1) (APA):

Chandra, R. (2016). Diphtheroids-Important Nosocomial Pathogens. *Journal of Clinical and Diagnostic Research*, 10(12), 28–31.
<https://doi.org/10.7860/jcdr/2016/19098.9043>

Patient Education on Blood, Urine, and Other Lab Tests| *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

A chest x-ray can be used to get a visual on osseous tissue and organs; these are seen by using electromagnetic waves to create a picture showing what the inside of the body looks like. Different objects in the body can absorb different amounts of radiation, so everything has a different contrast. The client showed up to the ER with weakness and dizziness, so the provider wanted to narrow the possibilities by obtaining an x-ray visual (U.S. National Library of Medicine, 2021). The hemoccult test is used to detect blood in the stool of a patient that the eye cannot see; this screens for GI tract bleeding (*Patient Education on Blood, Urine, and Other Lab Tests*| *Lab Tests Online*, 2021).

Endoscopies and colonoscopies are visual examinations of the upper and lower GI tracts (respectively) with a lighted scope; this is used to visually see what is going on in the GI tract and check for bleeding or abnormalities (*Patient Education on Blood, Urine, and Other Lab Tests*| *Lab Tests Online*, 2021).

Diagnostic Test Correlation (5 points): A hiatal hernia was inspected with the x-ray, which is abnormal, but nothing indicates why the patient may be dizzy. Hemocult, endoscopy, and colonoscopies were to rule out GI bleed due to the patient reporting her stool was black. A GI bleed was not found but is suspected due to her being on Eliquis and Plavix which can cause GI bleed.

Diagnostic Test Reference (1) (APA):

Patient Education on Blood, Urine, and Other Lab Tests| *Lab Tests Online*. (2021). Lab Test Online. <https://labtestsonline.org/>

U.S. National Library of Medicine. (2021, April 12). *X-Rays*. MedlinePlus. <https://medlineplus.gov/xrays.html>.

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

| | | | | | |
|-----------------------|--------------------------------------|------------------------------|---|-----------------------------------|---------------------------------------|
| Brand/Generic | Dexilant/ Dexlansoprazole | Eliquis/ apixaban | Plavix/ Clopidogrel | Cardizem CD/ Diltiazem | Lasix/ Furosemide |
| Dose | 60mg capsule | 5mg tablet | 75mg tablet | 180mg capsule | 20mg TAB |
| Frequency | Daily | BID | Daily | Daily | Daily |
| Route | Oral | Oral | Oral | Oral | Oral |
| Classification | Proton pump inhibitor | Anticoagulant | Platelet aggregation inhibitor | Antihypertensiv e | Antihypertensive, diuretic |

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|---|---|---|---|---|---|
| Mechanism of Action | Suppresses gastric acid secretion by inhibition of H⁺ and K⁺ at the surface of gastric parietal cells. | Inhibits factor Xa and prothrombinase, indirectly inhibiting platelet aggregation. | Binds to ADP receptors on the activated platelets, blocking ADP and preventing fibrinogen from attaching to said ADP receptors. Platelets cant aggregate without fibrinogen. | Inhibits calcium movement into the coronary and smooth-muscle cells by blocking slow calcium channels in cell membranes, causing decreased oxygen demand of cardiac muscle and smooth muscle. This medication also slows AV conduction time. | Inhibits sodium and water reabsorption in the loop of Henle and increases urine formation. Increases the excretion of calcium, magnesium, bicarbonate, ammonium, and phosphate. Reduces blood pressure and decreases cardiac output. |
| Reason Client Taking | Decrease stomach acid d/t hiatal hernia | Reduce risk of embolism and stroke r/t her A-fib | To reduce thrombotic events | To control HTN | Manage HTN |
| Contraindications (2) | Hypersensitivity, rilpivirine-containing products | Active pathological bleeding, hypersensitivity | Active bleeding, hypersensitivity | Systolic BP below 90, ventricular tachycardia (wide complex) (IV) | Anuria, Hypersensitivity |
| Side Effects/Adverse Reactions (2) | Abdominal pain, nausea. | GI bleeding or hemorrhage, melena | GI or retroperitoneal hemorrhage, prolonged bleeding time | Prolonged bleeding time, Hemolytic anemia | Hypokalemia, Hypocalcemia |

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|--|---|--|---|---|--|
| <p>Nursing Considerations (2)</p> | <p>Assess pt routinely for abdominal pain/ blood in stool, May cause abnormal AST, ALT, bilirubin (Takeda Pharmaceuticals, 2020).</p> | <p>Apaxiban should not be given to patients with severe hepatic dysfunction, be aware that if apaixban is discontinued prematurely and adequate alternate anticoagulation is not present the risk of thrombosis increases (Jones & Bartlett Learning, 2019).</p> | <p>Use clopidogrel cautiously in patients with severe hepatic or renal disease or conditions that predispose to bleeding, obtain blood cell count as ordered whenever signs and symptoms suggest a hematologic problem (Jones & Bartlett Learning, 2019).</p> | <p>Assess patient for signs and symptoms of HF, Use cautiously in patients with impaired hepatic or renal function and monitor (Jones & Bartlett Learning, 2019).</p> | <p>Monitor BP, hepatic, renal function, BUN, blood glucose, creatinine, electrolyte, and uric acid levels as appropriate. Be aware that elderly patients are more susceptible to hypotensive and electrolyte-altering effects; are at greater risk from shock and thromboembolism (Jones & Bartlett Learning, 2019).</p> |
|--|---|--|---|---|--|

Hospital Medications (5 required)

| Brand/Generic | Elavil/ Amitriptyline | Feosol/ Ferrous Sulfate | Nitrostat/ Nitroglycerin | Protonix/ pantoprazole | Klorcon/ Potassium chloride |
|---------------|--------------------------|-------------------------|-----------------------------|---------------------------|--------------------------------|
| Dose | 20mg | 325mg | 0.4mg | 40mg | 20mEq |
| Frequency | Nightly | BID | PRN chest pain | Daily | Once |
| Route | Oral | Oral | Sublingual | Oral | Oral |

| Classification | Antidepressant | Antianemic | Antianginal | Antiulcer | Electrolyte replacement |
|----------------------|---|--|---|---|--|
| Mechanism of Action | Block serotonin and norepinephrine reuptake by adrenergic nerves, raising the levels of these drugs, causing mood elevation and depression reduction. | Binds with hemoglobin to normalize RBC production or is stored as hemosiderin in reticuloendothelial cells of the bone marrow. | Interacts with nitrate receptors in smooth muscle, reducing nitroglycerin to nitrous oxide, forcing calcium out of muscle cells causing vasodilation. Decreases venous return to the heart, reducing systemic vascular resistance and mean arterial pressure. | Interferes with gastric acid secretion by inhibiting proton pump system in gastric parietal cells. Prevents H ⁺ from entering the stomach and additional HCl from forming. | Major cation in intracellular fluid. Activates many enzymatic reactions responsible for bodily processes like nerve impulses, cardiac and skeletal muscle contraction. Helps maintain electroneutrality in cells and helps maintain normal renal function. |
| Reason Client Taking | To relieve depression | To replace iron in deficiency | To treat angina pectoris | Treat erosive esophagitis associated | Treat hypokalemia due to |

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|---|---|---|---|---|--|
| | | | | with GERD | potassium-wasting diuretic (Lasix) |
| Contraindications (2) | Acute recovery phase after MI, Hypersensitivity | Hemolytic anemias, Hypersensitivity | Acute MI (S.L.), circulatory failure and shock | Concurrent therapy with rilpivirine products, hypersensitivity | Acute dehydration, heat cramps |
| Side Effects/Adverse Reactions (2) | Fatigue, hyperglycemia | Dizziness, HTN | Dizziness, abdominal pain | Pancytopenia, Fatigue | GI bleeding, Bloody stools |
| Nursing Considerations (2) | Monitor BP for HTN or hypotension, avoid abrupt withdrawal after long use due to nausea, headache, and nightmares may occur (Jones & Bartlett Learning, 2019). | Give iron tablets and capsules with full glass of water or juice. Do not crush enteric coated tablets. Be aware that at usual dosages, serum hgb usually normalizes in about 2 months unless blood loss continues. Tx may last for 3-6 months (Jones & Bartlett Learning, 2019). | Use cautiously in elderly patients, especially those who are volume-depleted or taking several medications because of increased risk of falls and hypotension. Place under patient's tongue and make sure it dissolves completely (Jones & Bartlett Learning, 2019). | Expect to monitor PT or INR during therapy if pt takes an oral anticoagulant, Know that proton pump inhibitors such as this should not be given longer than medically necessary (Jones & Bartlett Learning, 2019). | Administer oral potassium with or immediately after meals. Regularly assess patient for signs of hypokalemia such as arrhythmia fatigue, weakness and for signs of hyperkalemia |

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|--|--|--|--|--|--|
| | | | | | <p>mia such as arrhythmia, confusion, dyspnea, and paresthesia (Jones & Bartlett Learning, 2019).</p> |
|--|--|--|--|--|--|

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021) 2021 Nurse’s Drug Handbook. Burlington, MA

Takeda Pharmaceuticals. (2020, November). *Prescribing Information*. DEXILANT (dexlansoprazole). <https://www.dexilant.com/>.

Assessment

Physical Exam (18 points)

| | |
|--|--|
| <p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p> | <p>AAOx3 Oriented to person, place, and situation In no acute distress Appears well kempt</p> |
| <p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Skin turgor is intact. Color is appropriate for age/race; however, 5 in bruises spotted on L arm x2. Character is appropriate for age. Skin is warm to touch on all four extremities. No observable rashes or wounds throughout.</p> |
| <p>HEENT (1 point): Head/Neck: Ears: Eyes:</p> | <p>Head and neck is midline and symmetrical. No lymphadenopathy noted. Upon palpation no pain was reported or no abnormalities found</p> |

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| <p>Nose: Teeth:</p> | <p>bilaterally. Ears are intact without drainage from canals. PERRLA. No drainage from nose upon inspection with no pain upon palpation; nose intact. Dentition is good; no tonsilitis observed +1. Equal rise and fall of soft palate. No polyps noted in observable oropharynx.</p> |
| <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>Normal S1, S2 upon auscultation without rubs, murmurs, or gallops. Peripheral pulses were present +2 all extremities bilaterally. No edema noted in extremities</p> |
| <p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p> | <p>Normal rate, rhythm, depth and effort upon inspection. Sounds normal versicular in all five lobes.</p> |
| <p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: 5' 2" Weight: 150lbs Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains:</p> | <p>Pt reports normal American diet at home, cooks for herself. Currently on standard diet. Bowel sounds normoactive upon auscultation. Last BM this AM. No pain or masses found upon palpation in all 4 quadrants. No distention, incisions, scars, drains, or wounds observed.</p> |

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| <p>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>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 type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p> | <p>Pt reports normal urination without pain.</p> |
| <p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 20 (no risk) Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p> | <p>Pt has full ROM and doesn't use supportive devices; she can get up and go to the bathroom on her own. She has good strength and is fully ambulatory.</p> |
| <p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> | <p>Mental status is appropriate for age and level of education. Speech is without stutter or noticeable abnormalities. Pt has full</p> |

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|---|--|
| <p>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:</p> | <p>motor/sensory without LOC.</p> |
| <p>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):</p> | <p>Pt copes by mowing the lawn, helping her son raise dogs, and goes to church. Pt considers herself a Christian and feels safe at home and is happy.</p> |

Vital Signs, 2 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|------|-------|--------|-----------|------|--------|
| 0732 | 90 | 145/71 | 18 | 97.8 | 92% |
| 1100 | 89 | 138/82 | 18 | 98.1 | 96% |

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|---------|----------------|----------|-----------------|---------------|
| 0800 | Numeric | Pt denies pain | N/A | N/A | N/A |

| | | | | | |
|------|---------|----------------|-----|-----|-----|
| 1303 | Numeric | Pt denies pain | N/A | N/A | N/A |
|------|---------|----------------|-----|-----|-----|

IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|--------------------------------|
| Size of IV: 20ga Location of IV: R hand Date on IV: 06/12/21 Patency of IV: Patent Signs of erythema, drainage, etc.: Minor dried blood at site. IV dressing assessment: Dry, intact | Saline lock |
| | |

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|----------------|----------------|
| 480 | |

Nursing Care in paragraph form

Summary of Care (2 points)

Overview of care: In the morning I came in and greeted the pt, she had no concern of pain. I administered medications as ordered and preformed a pain assessment. After lunch I came to check on the pt and preform an assessment. I took her tray for lunch, and she ate 75%. I got her 1 cup of water with ice. I preformed another pain assessment at 1303, patient needed

nothing from me and was eager to go home; she reported no pain. I discontinued the IV on my patient then she was discharged at the end of my shift. Pt was sleeping throughout my shift but seems willing to talk and can stay awake through conversations. An SBAR was given to my nurse preceptor before leaving the unit.

Procedures/testing done: X-ray: haziness in L base, hiatal hernia, hemoccult negative, endoscopy and colonoscopy negative for GI bleed.

Complaints/Issues: No issues, patient was eager to go home.

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

Tolerating diet, activity, etc.: Pt was tolerating diet well without discrepancy.

Physician notifications: I, a student, was not directly corresponding with the physician.

Future plans for patient: Future plans for the pt is to be educated to avoid strenuous activity and to be discharged home. She will likely need iron supplementation and good nutrition.

Discharge Planning (2 points)

Discharge location: Pt will likely be discharged home, but case management is in progress of planning discharge for pt.

Home health needs (if applicable):

Equipment needs (if applicable): Likely independent

Follow up plan: Likely as needed

Education needs: Pt may be educated to seek medical tx if having recurrent weakness or fatigue.

Nursing Diagnosis (15 points)

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

| <p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components | <p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen and why priority. | <p>Intervention (2 per dx)</p> | <p>Evaluation</p> <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. |
|--|---|---|---|
| <p>1. Risk for bleeding related to anticoagulant therapy as evidenced by high INR</p> | <p>This pt has a risk for bleeding which is evidenced by high INR.</p> | <p>1. Assess pt for bleeding. 2. Educate pt on proper bleeding precautions.</p> | <p>The pt has sufficient knowledge of signs of bleeding and when to alert the provider. The client knows to keep from risky activity and avoid situation that may cause injury.</p> |
| <p>2. Activity intolerance related to Anemia as evidenced by constant sleeping, Hct, Hgb, RBC lab results.</p> | <p>This pt has a low RBC, Hgb, Hct which manifests itself in the client often staying in bed and sleeping.</p> | <p>1. Assess emotional response to limitations to physical activity 2. Promote patient activity with ROM exercise</p> | <p>Pt generally sleeps but feels excited when talking about going home. I asked pt to demonstrate ROM exercises and she completed the task by herself. Pt understands her condition but feels emotionally fine and ready to go home.</p> |
| <p>3. Education deficit related to alerting provider as evidenced by pt waiting one week while symptoms</p> | <p>Anemia is dangerous so pt should seek medical help at the first sign of symptoms.</p> | <p>1. Educate patient on symptoms. 2. Educate patient on importance of seeking medical help.</p> | <p>Pt will follow up if symptoms reoccur and understands how her anemia relates to symptoms.</p> |

| | | | |
|--|--|--|--|
| persist before alerting provider. | | | |
|--|--|--|--|

Other References (APA): Swearingen, P. L., & Wright, J. (2018). *All-in-One nursing care planning resource: Medical-Surgical, pediatric, maternity, and Psychiatric-Mental health* (5th ed.). Mosby.

Concept Map (20 Points):

Subjective Data

Pt verbally denies pain and feels ready to go home to her son and dog. Pt reports she started feeling symptoms x 1 week before admission and saw dark stools.

Nursing Diagnosis/Outcomes

- Risk for bleeding related to anticoagulant therapy as evidenced by high INR
- Assess emotional response to limitations to physical activity
- Educate pt on proper bleeding precautions.
- Activity intolerance related to Anemia as evidenced by constant sleeping, Hct, Hgb, RBC lab results.
- Assess emotional response to limitations to physical activity
- Promote patient activity with ROM exercise
- Education deficit related to alerting provider as evidenced by pt waiting one week while symptoms persist before alerting provider.
- Educate patient on symptoms of anemia.
- Educate patient on importance of seeking medical help.

Objective Data

Abnormal laboratory results:
 RBC low, Hct low, Hgb low, lymphocytes low, eosinophils high, potassium low, glucose high, creatinine high, calcium low, Alk Phos high, Pt/INR high, Leukoesterase high, urine culture cites infection or contaminated sample.

Abnormal vitals:
 @0732 BP: 145/71 O2: 92%
 @1100 BP: 138/82

Patient Information

84 y/o Caucasian female, unemployed and divorced. Pt has 1 son living at home with her German shepherd. Pt has A-fib, hiatal hernia, HTN, and prosthetic heart valve.

Nursing Interventions

The pt has sufficient knowledge of signs of bleeding and when to alert the provider. The client knows to keep from risky activity and avoid situation that may cause injury.

Pt generally sleeps but feels excited when talking about going home. I asked pt to demonstrate ROM exercises and she completed the task by herself. Pt understands her condition but feels emotionally fine and ready to go home.

Pt will follow up if symptoms reoccur and understands how her anemia relates to symptoms.



