# N321 Care Plan # 2

Lakeview College of Nursing

Angelina R. Thomas

June 24, 2021

## Demographics (3 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 06/19/2021 | MA | 55 | Male |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| Caucasian | Retired-Mechanic | Single | NKA |
| **Code Status** | **Height** | **Weight** | |
| Full Code | 191 cm | 127.3 kg | |

## Medical History (5 Points)

**Past Medical History:** Chronic Obstructive Pulmonary Disease (COPD), Allergic Dermatitis, Asthma without acute exacerbation, Hyperlipidemia, Hypertension, Hypothyroidism, Type II Diabetes, Obesity, and Visual Changes (Patient has partial retinal detachment in left eye)

**Past Surgical History:** Colonoscopy with biopsy (3/15/21), Esophagogastroduodenoscopy (2/9/21 & 6/13/2019), Phacoemulsification Cataract with Intraocular lens implantation (12/5/2017 &11/10/2017)

**Family History:** Biological Mother-Stroke, Biological Sister-Diabetes

**Social History** (tobacco/alcohol/drugs): Patient has history of alcohol use and smoking. Patient drinks 2 whiskey drinks per day for seven days in a week. Patient has been drinking for the past twenty years. Patient smokes three-fourths of a pack of cigarettes per day for seven days in a week. Patient has no history of any other illicit drugs.

**Assistive Devices:** Metal in lower right extremity; No other assistive devices

**Living Situation:** Home Alone

**Education Level:** High School Graduate

## Admission Assessment

**Chief Complaint (2 points):** Excessive Sleepiness and Weakness

**History of present Illness (10 points):** Patient went to the primary care physician on Thursday, June 17, 2021, complaining of excessive sleepiness. Patient stated, “I felt sleepy all the time, and I was weak and wobbly, so I came to see my doctor.” Patient also experienced a fall that resulted in him having a bruise, the size of pear, on his right upper shoulder, posteriorly. The Patient’s doctor ordered labs because he has a history of alcohol use, among other conditions that would place him into fall risk including Diabetes, and partial retinal detachment of his left eye. Patient recalled not being in any pain, just very tired and very wobbly. Patient recalled that the wobbly feeling and tiredness was continuous while he was at home, and he felt weaker in both of his legs. There weren’t any measures that made it better or worse. Patient did not take. Any medication to subside his symptoms. The doctor’s labs showed that the patient was hyponatremic and hypokalemic. The labs showed elevated ammonia, sodium level at 120, potassium level 3, and bilirubin 8.9. The doctor instructed the patient to go to the emergency department ED. However, the patient did not have access to transportation. The patient went the next day on June 18, 2021. The patient was admitted on June 19, 2021. Patient stated, “They said everything was low in the emergency room, so they admitted me.”

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):** Alcoholic Hepatitis

**Secondary Diagnosis (if applicable):** Elevated Ammonia Levels, Hyponatremia, and Hypokalemia

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

Alcohol Hepatitis when a person drinks too much alcohol and inflames the liver. It is simply an inflammation of the liver caused be the overuse of alcohol (Mayo Clinic Staff, 2020, p1.). Although alcoholic hepatitis is primarily caused by a person who overuses alcohol that is not always the case. Some people can develop alcohol hepatitis and only drinks on occasions (Mayo Clinic Staff, 2020, p1.). To avoid liver damage, a person with alcoholic hepatitis should stop drinking immediately (Mayo Clinic Staff, 2020, p1.). The indicated cellular action is still being researched. However, there are contributing factors such as how the liver breaks down substances. Our liver functions to break down nutrients in our blood so that we can later use them for energy. When a person consumes alcohol, the liver breaks down the alcohol and produces highly toxic chemicals in the body (Mayo Clinic Staff, 2020, p1.). These toxic chemicals trigger inflammation in the liver and begins to kill the liver's cells. As time develops scars replace healthy liver tissue, which then interferes with the function of the liver. This irreversible scarring (cirrhosis) causes alcoholic liver disease (Mayo Clinic Staff, 2020, p1.). Symptoms may include loss of appetite, nausea and vomiting, abdominal tenderness, fever, often low grade, and fatigue and weakness (Mayo Clinic Staff, 2020, p1.). Patient MA entered the doctor's office experiencing fatigue and weakness as a sign of alcoholic hepatitis.

Treatment includes stopping alcohol consumption, medications, counseling, outpatient residential treatment program, and alcoholics anonymous. Patient is taking vitamins such as thiamine to replace the vitamins lost from alcohol use and he is taking lactulose to control ammonia levels, that could potentially elevate due to alcohol use. Diagnostic testing includes Liver function tests Blood tests an ultrasound, CT or MRI scan of the liver, a liver biopsy, if other tests and imaging don't provide a clear diagnosis or if you are at risk of other causes of

hepatitis. Patient MA has had liver function test (AST severely elevated) and CT (showed fatty liver without focal abnormality) and MRI (patient did not complete).

**Pathophysiology References (2) (APA):**

Mayo Clinic Staff. (2020, October 27). *Alcoholic Hepatitis*. https://www.mayoclinic.org/diseases-conditions/alcoholic-hepatitis/symptoms-causes/syc-20351388

Mayo Clinic Staff. (2020, October 27). *Alcoholic Hepatitis*. https://www.mayoclinic.org/diseases-conditions/alcoholic-hepatitis/diagnosis-treatment/drc-20351394

**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** | 3.92-5.13 (F)<br>4.35-5.65 (M) | **4.38** | **4.35** | |
| **Hgb** | 11.6-15 (F)<br>13.2-16.6 (M) | **14.2** | **14** | |
| **Hct** | 35.5-44.9 (F)<br>38.3-48.6 (M) | **40.5** | **41** | |
| **Platelets** | 157-371 (F)<br>135-317 (M) | **122** | **130** | |
| **WBC** | 3.4-9.6 | **8.1** | **6.2** | |
| **Neutrophils** | 40-60% | **81.4** | **71.0** | |
| **Lymphocytes** | 20-40% | **9.8** | **18.7** | |
| **Monocytes** | 2-8% | **7.5** | **6.8** | |

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|---|---|---|---|---|
| **Eosinophils** | 1-4% | **1** | **2.6** | |
| **Bands** | 0-3% | **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-** | 136-146 (Mayo Clinic Staff, 2020, p.1) | **125** | **130** | **Due to liver diagnosis** |
| **K+** | 3.5-4.5 (Mayo Clinic Staff, 2020, p.1) | **3.4** | **3.1** | **Due to liver diagnosis** |
| **Cl-** | 96-106 (Mayo Clinic Staff, 2020, p.1) | **77** | **89** | **Due to liver diagnosis** |
| **CO2** | 32-48 (Mayo Clinic Staff, 2020, p.1) | **32** | **34** | |
| **Glucose** | 70-115 (Mayo Clinic Staff, 2020, p.1) | **102** | **95** | |
| **BUN** | 11-23 (Mayo Clinic Staff, 2020, p.1) | **10** | **8** | **Patient is dehydrated due to alcohol consumption** |
| **Creatinine** | 0.7-1.5 (Mayo Clinic Staff, 2020, p.1) | **0.87** | **0.87** | |
| **Albumin** | 3.5-5.0 (Mayo Clinic Staff, 2020, p.1) | **3.3** | **3.0** | **Due to Alcoholic hepatitis diagnosis** |
| **Calcium** | 9.0-11.0 (Mayo Clinic Staff, 2020, p.1) | **8.2** | **8.1** | **Due to liver diagnosis** |

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|---|---|---|---|---|
| **Mag** | 1.3-2.1 (Mayo Clinic Staff, 2020, p.1) | **1.4** | **1.7** | |
| **Phosphate** | 2.5-4.5 (Falck, 2019, p.1) | **n/a** | **n/a** | |
| **Bilirubin** | 0.2-1.3 (Mayo Clinic Staff, 2020, p.1) | **9.5** | **10.4** | |
| **Alk Phos** | 20-90 (Mayo Clinic Staff, 2020, p.1) | **147** | **133** | |
| **AST** | 4-40 (Davis, 2021, p.1) | **173** | **152** | Patient has Alcohol Hepatitis |
| **ALT** | 7-56 (Davis, 2021, p.1) | **46** | **40** | |
| **Amylase** | 23-85 (Case-Lo, 2018, p.1) | **n/a** | **n/a** | |
| **Lipase** | 0-160 (Case-Lo, 2018, p.1) | **151** | **252** | Patient has possible acute pancreatitis; however unnoted in chart |
| **Lactic Acid** | 4.5-19.8 (Mount Sinai, 2021, p. 3) | **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 ratio (Whitlock, 2021, p. 1) | **1.17** | **1.30** | |
| **PT** | 10-12 seconds (Whitlock, 2021, p. 1) | **15.3** | **16.6** | |
| **PTT** | 30-45 | **33.4** | **Not** | |

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|---|---|---|---|---|
| | Seconds (Whitlock, 2021, p. 1) | | **applicable** | |
| **D-Dimer** | <0.50 (Bounds, 2020, p.1) | **Not applicable** | **Not applicable** | |
| **BNP** | <100 (Steinbaum, 2021, p. 3) | **Not applicable** | **Not applicable** | |
| **HDL** | <50 (W) <40 (M) (Lab Tests Online, 2021, p.1) | **60** | **Not applicable** | |
| **LDL** | <100 (Lab Tests Online, 2021, p.1) | **72** | **Not applicable** | |
| **Cholesterol** | <200 (Lab Tests Online, 2021, p.1) | **144** | **Not applicable** | |
| **Triglycerides** | <150 (Lab Tests Online, 2021, p.1) | **64** | **Not applicable** | |
| **Hgb A1c** | <5.7 (Centers for Disease Control and Prevention, 2018, p.1) | **6.1** | **Not applicable** | Patient is a type II diabetic |
| **TSH** | 0.5-5 (Hanes, 2020, p.1) | **Not applicable** | **Not applicable** | **Not applicable** |

**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(light/pale Clear (Lerma, 2020, p.1) | **Dark yellow and unclear** | **Not applicable** | Patient has Alcohol Hepatitis causing some jaundice |

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|---|---|---|---|---|
| **pH** | 4.5-8.0 (Lerma, 2020, p.1) | 6 | Not applicable | |
| **Specific Gravity** | 1.005-1.025 (Lerma, 2020, p.1) | 1.010 | Not applicable | |
| **Glucose** | <130 (Lerma, 2020, p.1) | Normal | Not applicable | |
| **Protein** | <150 (Lerma, 2020, p.1) | trace | Not applicable | |
| **Ketones** | None/Negative (Lerma, 2020, p.1) | negative | Not applicable | |
| **WBC** | 3.4-9.6 (Lerma, 2020, p.1) | 4 | Not applicable | |
| **RBC** | 3.92-5.3 (W) 4.35-5.7 (M) (Lerma, 2020, p.1) | 1 | Not applicable | |
| **Leukoesterase** | Negative (Lerma, 2020, p.1) | Negative | Not applicable | |

**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 (Lerma, 2020, p.1) | Not applicable | Not applicable | Not applicable |
| **Blood Culture** | Negative (Lerma, 2020, p.1) | Not applicable | Not applicable | Not applicable |
| **Sputum Culture** | Negative (Lerma, 2020, p.1) | Not applicable | Not applicable | Not applicable |
| **Stool Culture** | Negative | Not | Not | Not applicable |

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|---|---|---|---|---|
| | (Lerma, 2020, p.1) | applicable | applicable | |

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


Bounds, E. (2020, August 16). *D-Dimer*. https://www.ncbi.nlm.nih.gov/books/NBK431064/

Case-Lo, C. (2018, September 29). *Amylase and Lipase Tests*. https://www.healthline.com/health/amylase-and-lipase-tests#normal-amylase-and-lipase

Centers for Disease Control and Prevention. (2018, August 21). *Diabetes*. https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html#:~:text=A%20normal%20A1C%20level%20is,6.5%25%20or%20more%20indicates%20diabetes.

Davis, Charles. (2021, February 10). *Liver Function Tests (Normal, Low, and High Ranges & Results)*. https://www.medicinenet.com/liver_blood_tests/article.htm

Falck, S. (2019, January 25). *Serum Phosphorus Test*. Serum Phosphorus Test: Purpose, Procedure, and Results (healthline.com)

Hanes, E. (2020, June 16). TSH Levels: What Normal, Low, and High Ranges Mean. https://www.healthgrades.com/right-care/thyroid-disorders/tsh-levels-what-normal-low-and-high-ranges-mean

Lab Tests Online. (2021, June 18). *Lipid Panel*. https://labtestsonline.org/tests/lipid-panel

Lerma, E. (2020, December 05). *Urinalysis: Reference Range, INTERPRETATION, collection and panels*. https://emedicine.medscape.com/article/2074001-overview#a1

Mount Sinai. (2020, January 11). *Blood differential test*. https://www.mountsinai.org/health-library/tests/blood-differential-test

Mount Sinai. (2021). *Lactic Acid Test*. https://www.mountsinai.org/health-library/tests/lactic-acidtest#:~:text=Normal%20results%20range%20from%204.5,vary%20slightly%20among%20different%20laboratories.

Mayo Clinic Staff. (2020, December 22). *Complete blood count (CBC*). Retrieved February 13, 2021, from https://www.mayoclinic.org/tests-procedures/complete-blood-count/about/pac-20384919

Mayo Clinic Staff. (2019, February 12). *Hematocrit Test*. Retrieved February 16, 2021, from https://www.mayoclinic.org/tests-procedures/hematocrit/about/pac-20384728#:~:text=A%20lower%20than%20normal%20hematocrit,Vitamin%20or%20mineral%20deficiencies

Steinbaum, S. (2021, February 3). *What is a BNP test? Normal, High, and Levels*. https://www.medicinenet.com/bnp_test/article.htm

Whitlock, J. (2021, May 29). *What Do Your PT, PTT, and INR Results Mean?*. https://www.verywellhealth.com/pt-ptt-and-inr-results-3157005

## Diagnostic Imaging

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

CT scan (Mayo Clinic Staff, 2020): Abdomen and Pelvis with contrast 2/8/2021 (No sedation used), test due to alcohol hepatitis prior finding.

**Findings:**

1. Fatty liver without focal abnormality
2. No acute intra-abdominal or intrapelvic abnormality
3. Left inguinal hernia, fat containing
4. Cholithiasis

**Diagnostic Test Correlation (5 points):**

MRI (Marcin, 2018, p1.): Checking Liver, pancreas, and bile duct -due to patient's elevated ammonia and low sodium and potassium levels.

1. Patient did not complete exam and no results were determined.

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

Marcin, J. (2018, July 14). *What to know about MRI scans.* https://www.medicalnewstoday.com/articles/146309

Mayo Clinic Staff. (2020, February 28). *CT scan*. https://www.mayoclinic.org/tests-procedures/ct-scan/about/pac-20393675#:~:text=A%20computerized%20tomography%20(CT)%20scan,than%20plain%20X%2Drays%20do.

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

**Home Medications (5 required)**

| **Brand/ Generic** | Fortamet/ metformin hydrochloride | Tenormin/ atenolol (Jones & | Oretic/ Hydrochlorothiazide (Jones & | Folacin/ folic Acid (Physician's | Cholac /Lactulose (Jones & |
|---|---|---|---|---|---|

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|---|---|---|---|---|---|
| | (Jones & Barlett, 2021, p. 699) | Barlett, 2021, p. 92) | Barlett, 2021, p. 538) | Desk Reference, 2021, p. 1) | Barlett, 2021, p. 615) |
| **Dose** | 500mg | 50mg | 25mg | 1mg | 15ml |
| **Frequency** | PO | Daily | Daily | Daily | BID |
| **Route** | BID | PO | PO | PO | PO |
| **Classification** | Antidiabetic (Jones & Barlett, 2021, p. 699) | To treat Hypertension (Jones & Barlett, 2021, p. 92) | Diuretic (Jones & Barlett, 2021, p. 538) | Calcium supplement (Physician's Desk Reference, 2021, p. 1) | To treat constipation (Jones & Barlett, 2021, p. 615) |
| **Mechanism of Action** | May promote storage of excess glucose as glycogen in the liver, which reduces glucose production (Jones & Barlett, 2021, p. 700) | Inhibits stimulation of beta 1-receptor sites located mainly in the heart, decreasing cardiac excitability, cardiac output, and myocardial oxygen demand (Jones & Barlett, 2021, p. 92) | Promotes movement of sodium, chloride, and water from blood in peritubular capillaries into nephron's distal convoluted tubule (Jones & Barlett, 2021, p. 539) | An important role of folic acid is the formation of methionine from homocysteine using vitamin B12 as a cofactor (Physician's Desk Reference, 2021, p. 1) | Arrives unchanged in the colon, where it breaks down into lactic acid and small amounts of acetic and formic acids, acidifying fecal contents (Jones & Barlett, 2021, p. 615) |
| **Reason Client Taking** | Type II Diabetes | Hypertension | Hypertension | Vitamin Supplement due to depletion from Alcohol use | Liver Failure and not taking at home to reduce ammonia level |
| **Contraindications (2)** | Acute or chronic | Hypersensitivity to | Anuria and hypersensitivity | **Folic acid hypersensit** | Hypersensitivity to |

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| | metabolic acidosis and severe renal disease (Jones & Barlett, 2021, p. 700) | atenolol and hypotension (Jones & Barlett, 2021, p. 93) | to hydrochlorothiazide (Jones & Barlett, 2021, p. 539) | **ivity** and pernicious anemia (Physician's Desk Reference, 2021, p. 1) | lactulose and low galactose diet (Jones & Barlett, 2021, p. 615) |
| **Side Effects/Adverse Reactions (2)** | Hypoglycemia and Hepatic Injury (Jones & Barlett, 2021, p. 700) | Arrythmias and renal failure (Jones & Barlett, 2021, p. 93) | Hypotension and pancreatitis (Jones & Barlett, 2021, p. 539) | Rash and pruritis (Physician's Desk Reference, 2021, p. 1) | Hypernatremia and Hypokalemia (Jones & Barlett, 2021, p. 615) |
| **Nursing Considerations (2)** | Know that this medication should not be given to a patient with severe renal failure, and give this medication with food to reduce GI reactions (Jones & Barlett, 2021, p. 700) | Monitor patient for heart failure and closely monitor patient who has hypothyroidism (Jones & Barlett, 2021, p. 93) | Give in the morning and early evening to avoid nocturia and assess for evidence of hypokalemia, such as muscle spasms and weakness (Jones & Barlett, 2021, p. 538) | Monitor closely in patients with renal failure and should be stored at room temperature (Physician's Desk Reference, 2021, p. 1) | Monitor patient diabetes for hyperglycemia and plan to replace fluids if frequent bowel movements occur (Jones & Barlett, 2021, p. 615) |

**Hospital Medications (5 required)**

| **Brand/ Generic** | Synthroid/ levothyroxine sodium (Physician's Desk Reference, 2021, p.1) | Zofran/ ondansetron (Jones & Barlett, 2021, p. 826) | Protonix/ pantoprazole (Jones & Barlett, 2021, p. 853) | MiraLAX / polyethylene glycol (Physician's Desk Reference, 2021, p.1) | Vitamin B1/thiamine hydrochloride |
|---|---|---|---|---|---|
| **Dose** | 50mcg | 4mg | 40mg | 17g | 100mg |
| **Frequency** | Daily | Q6H, PRN | Q12H | PRN, BID | Daily |
| **Route** | PO | IV push | PO | PO | PO |
| **Classification** | Thyroid Agents Physician's Desk Reference, 2021, p.1) | Antiemetic (Jones & Barlett, 2021, p. 826) | Proton Pump inhibitor (Jones & Barlett, 2021, p. 853) | Osmotically acting laxatives (Physician's Desk Reference, 2021, p.1) | Calcium Supplement (Physician's Desk Reference, 2021, p.1) |
| **Mechanism of Action** | Thyroid hormones influence the growth and maturation of tissues, increase energy expenditure, and affect the turnover of essentially all substrates (Physician's Desk Reference, 2021, p.1) | Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine (Jones & Barlett, 2021, p. 827) | Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system (Jones & Barlett, 2021, p. 853) | Polyethylene glycol 3350 is an osmotic agent which binds water and causes water to be retained within the stool (Physician's Desk Reference, 2021, p.1) | Thiamine combines with adenosine triphosphate (ATP) in the liver, kidneys, and leukocytes to produce thiamine diphosphate (Physician's Desk Reference, 2021, p.1) |

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| **Reason Client Taking** | Hypothyroidism | Nausea | GERD | Stool Softener | Vitamin Supplement due to depletion from Alcohol use |
| **Contraindications (2)** | Adrenal Insufficiency and Hypopituitarism (Physician's Desk Reference, 2021, p.1) | Concomitant use of apomorphine and hypersensitivity to ondansetron (Jones & Barlett, 2021, p. 827) | Hypersensitivity to pantoprazole and concurrent therapy with rilpivirine-containing products (Jones & Barlett, 2021, p. 853) | GI bleeding and renal disease (Physician's Desk Reference, 2021, p.1) | Encephalopathy and Hypersensitivity to thiamine (Physician's Desk Reference, 2021, p.1) |
| **Side Effects/Adverse Reactions (2)** | Seizures and Atrial Fibrillation (Physician's Desk Reference, 2021, p.1) | Hypotension and serotonin. Syndrome (Jones & Barlett, 2021, p. 827) | Hepatotoxicity and hyponatremia (Jones & Barlett, 2021, p. 854) | Nausea and diarrhea (Physician's Desk Reference, 2021, p.1) | Cyanosis and Restlessness (Physician's Desk Reference, 2021, p.1) |
| **Nursing Considerations (2)** | Know that the risk of toxic reactions may be increased in patients with renal impairment.<br><br>Care should be used during initial dose selection. (Physician's Desk | Dilute drug in 50ml of D5W or normal saline when indicated<br><br>Monitor patient closely for signs and symptoms of hypersensitivity (Jones & Barlett, 2021, p. 828) | Medicine should not be given longer than medically necessary<br><br>Be aware that this medication may result in false positive urine screening tests for tetrahydrocannabinol (Jones & Barlett, 2021, p. 853) | Should be stored at room temp<br><br>Do not give if patient is actively vomiting (Physician's Desk Reference, 2021, p.1) | Patients on dialysis may have increased needs for thiamine.<br><br>Should be stored at room temperature (Physician's Desk Reference, 2021, p.1) |

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| | Reference, 2021, p.1) | | | | |

**Medications Reference (1) (APA):**

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Physician's Desk Reference. (2021) *folic acid*. https://www.pdr.net/drug-summary/Folic-Acid-Tablets-folic-acid-1634.65

Physician's Desk Reference. (2021). *polyethylene glycol 3350*. https://www.pdr.net/drug-summary/MiraLax-polyethylene-glycol-3350-824

Physician's Desk Reference. (2021). *levothyroxine sodium.* https://www.pdr.net/drug-summary/Synthroid-levothyroxine-sodium-26.643

Physician's Desk Reference. (2021). thiamine hydrochloride. https://www.pdr.net/drug-summary/Thiamine-thiamine-hydrochloride-2546.1643

## Assessment

**Physical Exam (18 points)**

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| **GENERAL (1 point):**<br>**Alertness:**<br>**Orientation:**<br>**Distress:**<br>**Overall appearance:** | Patient appeared alert and oriented to person place and time. Patient stated, "I'm at Sarah Bush." Patient also knew name and date of birth. No sign of acute distress. Patient appeared well groomed. |
| **INTEGUMENTARY (2 points):**<br>**Skin color:**<br>**Character:**<br>**Temperature:**<br>**Turgor:**<br>**Rashes:**<br>**Bruises:**<br>**Wounds:**<br>**Braden Score: 19** | Patient's skin white/pink, dry, warm, and intact. Patient had bruising on the right posterior shoulder blade due to a recent fall (patient could not recall the dates). Patient also had bruising on the right leg where he has a metal placed due to a motorcycle accident. Patient could not recall the dates of the implant and the accident. No sign of lesions, scrapes, or rashes. Patient has old wounds on right and left lower extremities. |

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|---|---|
| **Drains present: Y☐ N X**<br>**Type:** | Patient's skin turgor two second tinting. Patient skin character appropriate for ethnicity and age. No sign of cyanosis in bilateral fingers and toes. |
| **HEENT (1 point):**<br>**Head/Neck:**<br>**Ears:**<br>**Eyes:**<br>**Nose:**<br>**Teeth:** | Patient's head and neck are symmetrical. Hair normal quantity, distribution, and texture. Trachea midline and Thyroid nonpalpable. No lymph nodules palpable. Bilateral cornea clear, bilateral sclera light yellow, bilateral conjunctive pink, moist, without lesions. Red-light. Reflex present, PERRLA noted. Bilateral auricles clear of drainage or scrapes, bruises, bleeding, or lesions. Tympanic Membrane present. Nose midline without deviation. No sign of bleeding or polyps noted in nose. No drainage from nose. Patient's teeth were yellow. Tonsils present, 3+. Uvula is midline. Soft palate rises and falls symmetrically Gums are without bleeding, moist, and brown. |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:**<br>**S1, S2, S3, S4, murmur etc.**<br>**Cardiac rhythm (if applicable):**<br>**Peripheral Pulses:**<br>**Capillary refill:**<br>**Neck Vein Distention: Y ☐ N X**<br>**Edema Y ☐ N X**<br>**Location of Edema:** | S1 and S2 sounds audible. Normal heart sounds noted anteriorly. Capillary refill is less than three seconds. Peripheral pulses palpable in the posterior tibialis and radius, bilaterally and 3+. |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N X**<br>**Breath Sounds: Location, character** | Normal vesicular sounds heard in all lobules anteriorly and posteriorly. Normal rise and fall of chest symmetrically. Patient respirations 18. |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:**<br>**Current Diet**<br>**Height:**<br>**Weight:**<br>**Auscultation Bowel sounds:**<br>**Last BM:**<br>**Palpation: Pain, Mass etc.:**<br>**Inspection:**<br>**Distention:**<br>**Incisions:**<br>**Scars:**<br>**Drains:**<br>**Wounds:** | Regular diet at home. 1500-1700 calorie diet in the hospital (current). Normoactive bowel sounds heard in all four quadrants. No tenderness upon palpation. No masses, distention, incisions, scars, drains, or wounds found. Last BM 6/18/2021. Patient's height is 191cm and patient's weight are 127.3kg. No sign of abdominal aortic aneurysm. Patient has history no history of GI issues. |

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| **Ostomy: Y ☐ N X**<br>**Nasogastric: Y ☐ N X**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N X**<br>**Type:** | |
| **GENITOURINARY (2 Points):**<br>**Color:**<br>**Character:**<br>**Quantity of urine:**<br>**Pain with urination: Y ☐ N X**<br>**Dialysis: Y ☐ N X**<br>**Inspection of genitals:**<br>**Catheter: Y ☐ N X**<br>**Type:**<br>**Size:** | Voiding without difficulty. Urine 200 mL for the shift, dark orange/yellow in color. No visible bleeding or foul odor. Patient stated that his urine was dark, “for about a month or two.” |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:**<br>**ROM:**<br>**Supportive devices:**<br>**Strength:**<br>**ADL Assistance: Y X N ☐**<br>**Fall Risk: Y X N☐**<br>**Fall Score: 45**<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☐**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk X** | Patient’s gait was unsmooth. Patient has metal pointing out of right leg causing a slight limp when he walks. ROM-normal and equal strength in all extremities while lying down. Face is symmetric. Communication and speech appropriate for developmental age. Verbal expression appropriate for developmental age. No use of supportive devices. Patient has history of two falls and cannot recall dates. |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y X N☐**<br>**PERLA: Y ☐ N X**<br>**Strength Equal: Y X N ☐ if no - Legs ☐ Arms ☐ Both ☐**<br>**Orientation:**<br>**Mental Status:**<br>**Speech:**<br>**Sensory:**<br>**LOC:** | Speech and Sensory appropriate for age. No altered mentation, no motor deficits, no headache, no seizure. However, patient was on seizure precautions due to alcohol withdrawal. Patient has no syncope, no dizziness, and no vertigo. Patient is A&O x 3. Partial retinal detachment in right eye. |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):**<br>**Developmental level:**<br>**Religion & what it means to pt.:**<br>**Personal/Family Data (Think about home environment, family structure, and** | Developmental level normal for his age. No sign of depression, no memory challenges, no sleeping challenges. Patient smokes tobacco, ¾ of a pack per day, for seven days a week. Patient does not have family support. Patient single and lives alone. |

| | |
|---|---|
| **available family support):** | |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| 07:45 | 73 | 112/71 A | 18 | 37.3 C | 96% |
| 11:45 | 81 | 110/68 M | 18 | 37.2 C | 95% |

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| 07:45 | Numerical scale (0-10) | 0 | 0 | 0 | 0 |
| 10:07 | Numerical scale (0-10) | 0 | 0 | 0 | 0 |

**IV Assessment (2 Points)**

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:**<br>**Location of IV:**<br>**Date on IV:**<br>**Patency of IV:**<br>**Signs of erythema, drainage, etc.:**<br>**IV dressing assessment:** | Patient had an 18 gauge in the right forearm. 100ml/hr. of 0.9% normal saline in IV 1000ml bag. IV was patented when flushed and pulled with 0.9% normal saline syringe. No phlebitis/infiltration present, catheter present. No signs of erythema, drainage, or discharge. Dressing clear and appropriate. |

**Intake and Output (2 points)**

| Intake (in mL) | Output (in mL) |
|---|---|
| 540ml | 200ml |

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care:** Patient came to the doctor's office seeking care due to feeling sleepy all the time and weak in his legs. Labs were performed on the patient and the doctor noted that the patient's ammonia levels were elevated, his sodium levels were low, and his potassium levels were low as well. The doctor recommended that he seek emergent care to get those levels stable. Patient went to the emergency room and was admitted the next day. Patient is an avid alcohol drinker and smoker.

**Procedures/testing done:** Patient had an MRI of his abdomen and only withstood 21 minutes of the 30 minutes. MRI was not completed due to patient refusal. Patient had a CT done on his abdomen and pelvis with contrast in the past (no dates noted).

**Complaints/Issues:** Patient has no complaints or issues.

**Vital signs (stable/unstable):** All of patient's vital signs are stable.

**Tolerating diet, activity, etc.:** Patient tolerated 1500-1700 calorie diet.

**Physician notifications:** Physician was not notified during shift. No changes to report.

**Future plans for patient:** Patient will take medications as prescribed and if he is feeling abnormal, he will immediately seek help. Patient will cease alcohol intake to prevent permanent liver damage.

**Discharge Planning (2 points)**

**Discharge location:** Home

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

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

**Follow up plan:** Patient will follow up with primary care physician within 10 days of discharge.

**Education needs:** Patient has been educated on the importance of taking his lactulose. Since, patient admits to not taking it at home, causing symptoms of high ammonia levels.

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

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Intervention (2 per dx)** | **Evaluation**<br>• How did the patient/family respond to the nurse's actions?<br>• Client response, status of goals and outcomes, modifications to plan. |
|---|---|---|---|
| **1. Deficient Knowledge related to patient stating "I don't take my lactulose because I don't think I need it" as evidence by patient's elevated ammonia levels, fatigue, and weakness.** | **If patient isn't educated on the importance of taking his medication to stabilize his ammonia levels, patient will experience toxicity and severe deficient health outcomes** | **1. Patient will be educated by nurse of the importance of medication administration and given medications as prescribed by physician's orders**<br><br>**2. Patient's visible signs of elevated ammonia levels will be monitored, such as sleepiness and weaknesses/gait** | **During patient's hospital stay, his sleepiness decreased, and he was able to walk with staff without feeling weak** |
| **2. Risk for decreased metabolic activity related to alcoholic hepatitis as evidenced by elevated AST** | **If patient's AST level is not addressed patient could experience permanent liver damage.** | **1. Patient will not be given alcohol and given adequate nutrients**<br><br>**2. Patient's lab values will be monitored to stay within normal range.** | **Patient showed no signs of complete and total liver damage. Patient still has time to make lifestyle changes to preserve liver functioning.** |

| | | | |
|---|---|---|---|
| **levels** | | | |
| **3. Risk for ineffective coping related to alcohol hepatitis as evidenced by patient stating, "I drink a lot of alcohol when I'm not feeling good or upset, I drink when I'm not upset too.** | **If patient's coping mechanisms aren't addressed then the patient will continue to drink without know the severe damage he can place on his organs, specifically his liver.** | **1. Patient will be Educated about effective coping techniques.**<br>**2. patient will be offered outpatient resources for alcohol users such as Alcoholics Anonymous** | **Patient stated, " I will stop drinking and go to one of those meetings, I don't care."** |

**Other References (APA):**

**Concept Map (20 Points):**

Patient stated, “I was told to come into the hospital by my doctor, beca
wobbly.”
Patient stated, “I was sleepy all the time.”

Deficient Knowledge
Outcomes: Patient will take his medication every day 7 days in a week, without miss or acco
Risk for decreased metabolic activity
C eplace alcohol with 2000ml to 3000 ml of water every day for seven days
Risk for ineffective coping
Outcomes: Patient will not drink alcohol 5 days in a row for 60 days

**Objec Dat**

112/7
P-73
RR-18
Temp.-37.3 C
O2-96%
Patient’s sodium level=120 upon admission
Patient’s potassium level=3 upon admission
Patient’s Bilirubin=8.9 upon admission

**tient Inform**

Patient name: MA
Caucasian Male
Full Code
Age:55
Date of admission: 6/19/2021
191 cm, 127.3 kg
Single
Primary Diagnosis: Alcohol Hepatitis

11111

**Nursing Interventions**

Patie ill be educate se of the importance of medication administration an orders
Pati be monitored to stay within normal range
nt resources for alcohol users such as Alcoholics Ano