N431 Care Plan #2

Lakeview College of Nursing

Joshua Carlton

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
7-10-2021	H. M.	48	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Not Employed	Married	No Known Allergies
Code Status	**Height**	**Weight**	
Full Code	5'6"	216lbs	

Medical History (5 Points)

Past Medical History: A-fib; Asthma; Chronic Obstructive Pulmonary Disease; Diabetes Type 2 & controlled; Deep Vein Thrombosis (DVT); Hypertension (HTN); Hypothyroidism; Obstructive Sleep Apnea; Morbid Obesity; Depression; Hyperlipidemia.

Past Surgical History: No past surgical history.

Family History: Mother had cancer; no known or listed paternal issues.

Social History (tobacco/alcohol/drugs): Client denies the use of illegal drugs. Client denies the use of all forms of tobacco. Client is a social drinker and has one beer per a day for the past 20 years.

Assistive Devices: None at this time.

Living Situation: Lives at home with her husband and daughter.

Education Level: High School.

Admission Assessment

Chief Complaint (2 points): "I think my leg is infected."

History of present Illness (10 points):

The client mentioned that she went and got a pedicure two days before a camping trip. The pain and itching began two days before admission to the hospital. The areas of concern were on her feet and ankles. The client mentioned, "the pain comes and goes," and the inflammation was constant. The client described it as an "itchy feeling that she just wants to scratch all the time." The client mentioned that

being on her feet for too long and wearing shoes made it worse. She liked to elevate her feet in bed and not wear shoes to decrease discomfort. The client reports not taking any over-the-counter medications before admission to the hospital.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Cellulitis

Secondary Diagnosis (if applicable): N/A

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

Cellulitis is not an uncommon infection that presents on the skin. It most commonly shows up as a red and swollen area that is hot, tender, and usually painful and spreads very rapidly (Hinkle & Cheever, 2018). The infection is caused by bacteria breaking through the skin's surface where there is some injury (Hinkle & Cheever, 2018). After it goes underneath the skin, the bacteria rapidly multiply and create a chemical that causes inflammation to appear in the skin (Hinkle & Cheever, 2018).

The cellulitis noted can have typical and or more severe symptoms. Usual symptoms of cellulitis include pain and tenderness, tight and glossy skin, redness and warmth over the affected area, and a fever (Hinkle & Cheever, 2018). Those more severe symptoms include shaking, chills, fatigue, lightheadedness, and sweating (Hinkle & Cheever, 2018). Symptoms such as drowsiness, lethargy, blisters, and red streaks are an indication that the cellulitis is spreading (Hinkle & Cheever, 2018).

Cellulitis is easily diagnosed and most doctors will be able to tell just by looking at the skin. Doing things such as an ultrasound of the veins in the area can help eliminate the idea that there may be a blood clot as the symptoms can imitate one

another. Other testing such as blood tests and x-rays can determine if the bacteria has spread and how large the infection is. This client is planned to have an x-ray of the area to determine if the infection had spread to the bone as well as blood tests to see the degree of infection shown in the blood.

Treatment of cellulitis is most done with a different antibiotic or group of antibiotics depending on the site and the cause of the infection (Pagana et al., 2018). If the cellulitis is mild, you may be able to take an oral antibiotic at home and treat it there. Severe cellulitis will need to be treated within the hospital with IV antibiotics (Pagana et al., 2018). My client is taking two different IV antibiotics to treat her case of cellulitis; vancomycin and cefepime.

If the client frequently obtains cellulitis or has poor circulation, it is essential to take precautions and educate them to prevent cellulitis. Doing things such as keeping your skin moistened to avoid cracking, wearing protective equipment when appropriate, and regularly inspecting injured areas like areas on your feet can help prevent cellulitis (Pagana et al., 2018). If you do get a break in the skin, be sure to clean it immediately and cover it with a bandage to prevent bacteria from infiltrating the area (Pagana et al., 2018).

Pathophysiology References (2) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.).Wolters Kluwer Health Lippincott Williams & Wilkins.

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30 10(6)/mcL	4.1	4.0	
Hgb	12.0-15.8 g/dL	8.3	9.8	Hypothyroidism can cause low hgb (Pagana et al., 2018).
Hct	36.0-47.0%	49.0	46.0	Inflammatory diseases, in this case cellulitis, can lead to decreased hct (Pagana et al., 2018).
Platelets	140-440 10(3)/mcL	257	304	
WBC	4.00-12.00 10(3)/mcL	11.1	10.6	
Neutrophils	47.0-73.0%	59.1	68.7	
Lymphocytes	18.0-42.0%	27.1	23.1	
Monocytes	4.0-12.0%	10.0	9.0	
Eosinophils	0.0-5.0%	2.6	2.1	
Bands	45-74	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-	133-144 mmol/L	140	142	
K+	3.5-5.1 mmol/L	3.6	3.8	
Cl-	98-107 mmol/L	103	99	
CO2	21-31 mmol/L	26	27	
Glucose	70-99	96	94	
BUN	7-25 mg/dL	17	17	
Creatinine	0.50-1.00 mg/dL	0.7	0.65	
Albumin	3.5-5.7 g/dL	3.6	4.1	
Calcium	8.6-10.3 mg/dL	9.1	9.2	
Mag	1.6-2.6 mg/dL	1.6	1.9	
Phosphate	2.8 to 4.5 mg/dL	N/A		
Bilirubin	0.2-0.8 mg/dL	N/A		
AlkPhos	34-104 U/L	58	59	
AST	13-39 U/L	14	15	
ALT	7-52 U/L	9	14	
Amylase	23-85 units per liter (U/L)	N/A		
Lipase	11-82 U/L	N/A		
Lactic Acid	0.5-2.0 mmol/L	N/A		
Troponin	0.000-0.040 ng/mL	N/A		
CK-MB	5 to 25 IU/L.	N/A		

Total CK	22 to 198 U/L	N/A		

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.1	1.8	N/A	Blood thinners, in this case warfarin, can cause an elevated INR (Pagana et al., 2018).
PT	11-12.5 sec	14.6	N/A	Blood thinners, in this case warfarin, may cause an elevated PT (Pagana et al., 2018).
PTT	60-70 sec	N/A		
D-Dimer	<0.4mcg/ML	N/A		
BNP	<100pg/ml	N/A		
HDL	40mg/dL or higher	N/A		
LDL	<100mg/dL	N/A		
Cholesterol	<200 mg/dL	N/A		
Triglycerides	<150 mg/dL	N/A		
Hgb A1c	4-5.6%	N/A		
TSH	0.5-5.0 mlU/L	3.4	N/A	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**N/A**			
pH	**N/A**			
Specific Gravity	**N/A**			

Glucose	**N/A**			
Protein	**N/A**			
Ketones	**N/A**			
WBC	**N/A**			
RBC	**N/A**			
Leukoesterase	**N/A**			

Arterial Blood Gas 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
pH	**N/A**			
PaO2	**N/A**			
PaCO2	**N/A**			
HCO3	**N/A**			
SaO2	**N/A**			

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**N/A**			
Blood Culture	No Growth	No growth within 3 days		

Sputum Culture	No Growth	No growth within 3 days		
Stool Culture	**N/A**			

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): N/A

Diagnostic Test Reference (1) (APA): N/A

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

Home Medications (5 required)

Brand/Generic	levothyroxine - Synthroid	Insulin Aspart - Novolog	Ipratropium-albuterol - DuoNeb	spironolactone - Aldactone	duloxetine - Cymbalta
Dose	75 mcg	15 units	3 mL	50 mg	30 mg
Frequency	every morning before breakfast	4x daily	4 x daily PRN	daily	1 x daily
Route	Oral	Subcutaneous	Nebulization	Oral	Oral
Classification	Thyroid hormone replacement	Insulin	Bronchodilator	diuretic	Anti- depressant
Mechanism of Action	Replaces thyroid hormone by controlling DNA translation and protein synthesis	Stimulates hepatic glycogen synthesis	Stimulates adenyl cyclase	Attaches to receptors on the walls of cells preventing sodium and water	Inhibits dopamine, serotonin, and norepinephrine to elevate mood

				reabsorption	
Reason Client Taking	Hypothyroidism	Diabetes	COPD	Hypertension	Depression
Contraindications (2)	Acute MI; adrenal insufficiency (Jones & Bartlett Learning,. 2019).	Low blood sugar, hypersensitivity (Jones & Bartlett Learning,. 2019).	Hypersensitivity to atropine; hypersensitivity to any components	Acute renal insufficiency; hyperkalemia	Hepatic insufficiency; uncontrolled angle-closure glaucoma
Side Effects/Adverse Reactions (2)	Anxiety; arrhythmias	weight gain, swelling in hands or feet	Body aches; cough (Jones & Bartlett Learning,. 2019).	Diarrhea; muscle weakness	Agitation; anxiety
Nursing Considerations (2)	Monitor blood glucose; Not used for weight loss (Jones & Bartlett Learning,. 2019).	Monitor glucose levels; educate on how to administer (Jones & Bartlett Learning,. 2019).	Use caution in patients with hepatic or renal diseases; use caution in patients with narrow-angle glaucoma	May crush and mix with syrup for patients who have trouble swallowing; Evaluate blood pressure for effectiveness	Do not give in patients with severe renal impairment; Avoid stopping medication abruptly
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	assess PT (Jones & Bartlett Learning,. 2019).	Check blood glucose level. Check if the client has eaten or plans to eat. (Jones & Bartlett Learning,. 2019).	Check vitals. Assess Airway (Jones & Bartlett Learning,. 2019).	Evaluate potassium level; evaluate baseline blood pressure	Monitor serum sodium level; Obtain baseline blood pressure (Jones & Bartlett Learning,. 2019).
Client Teaching needs (2)	Take at least 30 minutes before breakfast; take with a full glass of water	Inject before meals; store at room temperature or in fridge (Jones & Bartlett Learning,. 2019).	Effects should last 5 hours; do not expose this product to the eyes (Jones & Bartlett Learning,. 2019).	Take with meals or milk; avoid hazardous activities such as driving if effects are unknown	Do not chew or crush; Avoid excess alcohol consumption

Hospital Medications (5 required)

Brand/ Generic	cefepime - Maxipime	Diphenhydramine - Benadryl	simvastatin - Zocor	vancomycin - Vancocin	warfarin - coumadin
Dose	2g	50 mg	20 mg	1750 mg	7 mg
Frequency	every 8 hours	every 8 hours	every evening	every 12 hrs.	every evening
Route	IV	IV	Oral	IV	Oral
Classification	Antibiotic	Antihistamine	Anti-hyperlipidemic	Antibiotic	Anticoagulant
Mechanism of Action	Interferes with bacterial cell walls causing cell death. (Jones & Bartlett Learning,. 2019).	Binds with histamine, preventing them from reaching their site of action	Interrupts the pathway for cholesterol synthesis causing less to form	Alters permeability of bacterial cells leading to cell death (Jones &	Prevents coagulation by interfering with vitamin k dependent clotting factors

				Bartlett Learning,. 2019).	
Reason Client Taking	Cellulitis	Reaction	hyperlipidemia	Cellulitis	Atrial Fibrillation
Contraindications (2)	Hypersensitivity to cefepime; hypersensitivity to other antibiotics	Bladder-neck obstruction; stenosing peptic ulcer	Active hepatic disease; breastfeeding	Hypersensitivity to corn and corn products; hypersensitivity to vancomycin	Bleeding or bleeding tendencies; severe hepatic or renal disease
Side Effects/Adverse Reactions (2)	Edema; thrombocytopenia	thrombocytopenia; blurred vision	Abdominal pain; heartburn	Back pain; rash	Loss of consciousness; weakness
Nursing Considerations (2)	Assess bowel pattern daily; Assess for signs of bleeding (Jones & Bartlett Learning,. 2019).	Protect from light; discontinue at least 72 hours before skin tests for allergies (Jones & Bartlett Learning,. 2019).	Use cautiously in elderly patients; Give 1 hour before or 4 hours after giving bile sequestrant	Monitor concentrations frequently; assess hearing during therapy	Avoid IM injections; & monitor for bleeding (Jones & Bartlett Learning,. 2019).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Obtain culture and sensitivity; Monitor BUN and creatinine	Check client's airway. Check clients' vitals (Jones & Bartlett Learning,. 2019).	Obtain liver enzymes; monitor lipoprotein level	Check their CBC; check BUN (Jones & Bartlett Learning,. 2019).	Negative pregnancy test result; Monitor INR
Client Teaching needs (2)	May cause false positive of glucose in the urine; report severe diarrhea	Take with food to minimize GI distress; avoid alcohol	Take drug in the evening; follow a low-fat diet	Complete full course of vancomycin, keep follow up appointments	Take drug exactly as prescribed; Do not take 2 doses at once if missed one

Medications Reference (1) (APA):

2019 Nurse's drug handbook (Eighteenth edition. ed.). (2019). Jones & Bartlett

Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Alert x3 Oriented x3 No apparent distress Appearance is appropriate.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Skin color matches ethnicity, no cyanosis. Areas of cellulitis are red and inflamed. Dry and Intact. Warm to touch <3 seconds Cellulitis noted on bilateral lower extremities from ankles to feet. No bruising noted. No open wounds. Braden score - 23
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Midline and symmetrical Clean; no hearing devices used by client. Wears glasses; good extraocular movements. midline, no drainage. No abrasion or edema. Teeth and gums appear healthy and intact. Tongue is slight red. Client reports no mouth dryness.
CARDIOVASCULAR (2 points): **Heart sounds:**	Clear S1, S2; no murmur, gallop, or rub detected.

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:**	3+ bilateral pulses. <3 seconds 2+ bilateral dependent lower leg edema.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Clear breath sounds auscultated throughout. No labored breathing. Regular respiratory pattern. Lung aeration is equal.
GASTROINTESTINAL (2 points): **Diet at home: Diabetic** **Current Diet: Diabetic** **Height: 5'6"** **Weight: 216lbs** **Auscultation Bowel sounds:** **Last BM: 7-12-2021** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Able to auscultate in all four quadrants. Bowels are normoactive. Inspection is normal. Soft palpation noted in all quadrants. No distention, incisions, scars, or drains noted.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	yellow No strong odor noted. 160 mL Most recent. Did not inspect genitals.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	Nail bed is slight pink color. Skin warm to touch. Client is independent but with standby assistance. Client does not have an active bed alarm and is

Strength: **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score: 4** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	just encouraged to call for help if needed. ROM is active. Strength – 5 (Normal) in all areas. No use of supportive devices.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client is orientated to person, place, situation, and time. Normal cognition. Speech is clear. No 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):**	Client has her family to assist with her condition. Her daughter and husband are both present at the bedside. Client is Cognitive. Client can read and write. The client can form a full structured sentence. The client is not religious. The client is thankful for her family and all their support.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	67 beats/min	127/60 mmHg	18 breaths/min	98.1°F	95%
1300	75 beats/min	124/66 mmHg	16 breaths/min	97.8°F	98%

Vital Sign Trends: Stable

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0800	Numerical 1-10	**N/A**	**0**	**N/A**	**No pain reported.**
1300	Numerical 1-10	**Lower legs**	**3**	**"it just is itchy"**	**Nurse and student nurse assessed the client. Offered pain medication but it was denied by the client. Vitals were taken and were comparable to baseline and stable.**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 gauge **Location of IV:** Left AC **Date on IV:** 7-13-2021 **Patency of IV:** Good blood return, flushes easily without any signs or symptoms of infiltration. **Signs of erythema, drainage, etc.:** none **IV dressing assessment:** Dressing is dry, intact, and occlusive.	Cefepime 2g in Sodium chloride 0.9% 100mL IVPB 25 mL/hr Pt reports no pain with IV site and use.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
480 ml – Orange Juice **25 ml / Hr per IV**	**260 ml – Urine**

Nursing Care

Summary of Care (2 points)

Overview of care: During shift, client was given IV antibiotics to help with cellulitis.

Client was informed to ask for assistance if needed. The nurse and student nurse passed

medications and preformed an assessment. Vitals were taken and intake and output were recorded.

Procedures/testing done: Client is waiting for an X-ray that is planned for the afternoon.

Complaints/Issues: Client verbalized no complaints or issues.

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: The client is tolerating her diet, is active on her own and willing to ask for help if needed.

Physician notifications: N/a

Future plans for patient: The client has a future x ray and then she needs to finish out her antibiotics.

Discharge Planning (2 points)

Discharge location: Home with her husband and daughter.

Home health needs (if applicable): None

Equipment needs (if applicable): None.

Follow up plan: Follow up with primary care physician.

Education needs: Education and information on cellulitis prevention and skin care.

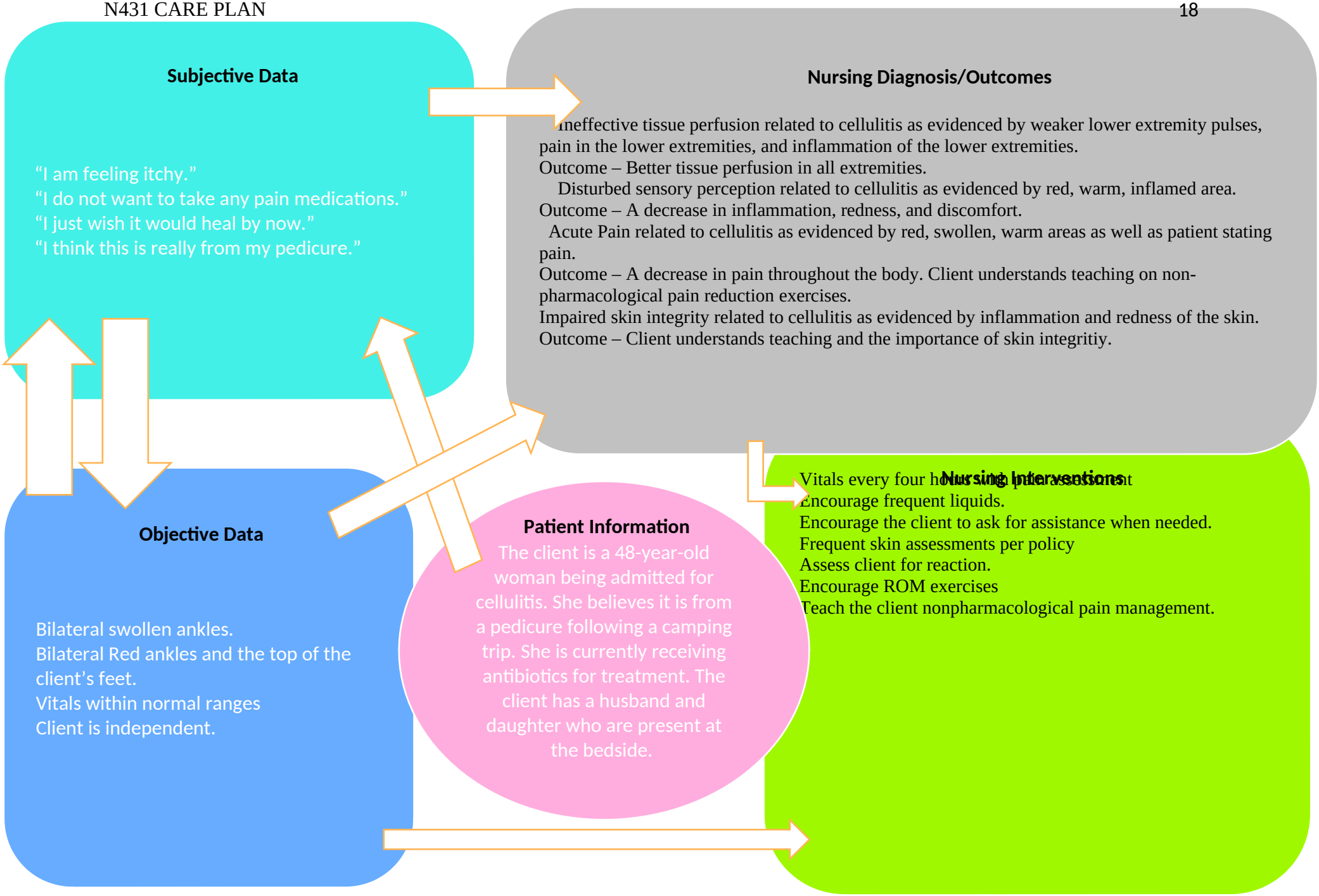
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective tissue perfusion related to	Client has weak bilateral pulses in the	1. Encourage the client to move lower	1.Goal met, client moved extremities and understands how

cellulitis as evidenced by weaker lower extremity pulses, pain in the lower extremities, and inflammation of the lower extremities.	lower extremities as well as pain and inflammation.	extremities occasionally to promote circulation 2.Client will ask for assistance when needed.	to complete exercises to increase blood flow. 2.Goal met – client is asking for help when getting out bed.
2. Disturbed sensory perception related to cellulitis as evidenced by red, warm, inflamed area.	The client is going to be a little more sensitive to pain because of the redness and swelling of the area. The client last rated her pain at a 3 and did not want pain medication.	1. Explain how to use guided imagery. 2. Explain to the client how to rate her pain and encourage her to ask for help when needed.	1. Goal met – The client will use this technique to reduce current pain. 2. Goal met – Client can rate her pain and understands the pain scale. The client will ask for help when appropriate.
. Acute Pain related to cellulitis as evidenced by red, swollen, warm areas as well as patient stating pain.	Client stated there was pain in her left lower extremity as well as having a red, swollen, and warm area.	1. Client is educated on non-pharmacologic pain management strategies. 2.Client encouraged to use call light and report an increase in pain when appropriate.	1. Goal met, client used non-pharmacological pain management such as distraction and relaxation techniques. 2. Goal met, client agrees on the reasoning and understands the importance to reporting her pain level.
. Impaired skin integrity related to cellulitis as evidenced by inflammation and redness of the skin.	The Client's skin is damaged due to the cellulitis and she is at great risk for breakdown.	1.Assess for any openings in the client’s skin 2. Clean the area and all skin per policy	1. Goal met; client had no visible openings in the skin. 2. Goal met, hygiene was completed by the client and the nursing assistant.

Other References (APA):

Concept Map (20 Points):


Subjective Data
"I am feeling itchy."
"I do not want to take any pain medications."
"I just wish it would heal by now."
"I think this is really from my pedicure."
Nursing Diagnosis/Outcomes
Ineffective tissue perfusion related to cellulitis as evidenced by weaker lower extremity pulses, pain in the lower extremities, and inflammation of the lower extremities.
Outcome – Better tissue perfusion in all extremities.
Disturbed sensory perception related to cellulitis as evidenced by red, warm, inflamed area.
Outcome – A decrease in inflammation, redness, and discomfort.
Acute Pain related to cellulitis as evidenced by red, swollen, warm areas as well as patient stating pain.
Outcome – A decrease in pain throughout the body. Client understands teaching on non-pharmacological pain reduction exercises.
Impaired skin integrity related to cellulitis as evidenced by inflammation and redness of the skin.
Outcome – Client understands teaching and the importance of skin integritiy.
Objective Data
Bilateral swollen ankles.
Bilateral Red ankles and the top of the client's feet.
Vitals within normal ranges
Client is independent.
Patient Information
The client is a 48-year-old woman being admitted for cellulitis. She believes it is from a pedicure following a camping trip. She is currently receiving antibiotics for treatment. The client has a husband and daughter who are present at the bedside.
Nursing Interventions
Vitals every four hours with pain assessment
Encourage frequent liquids.
Encourage the client to ask for assistance when needed.
Frequent skin assessments per policy
Assess client for reaction.
Encourage ROM exercises
Teach the client nonpharmacological pain management.