N431 Care Plan #1

Lakeview College of Nursing

Name: Alexis Cribbett

## Demographics (3 points)

| Date of Admission | Patient Initials | Age | Gender |
|---|---|---|---|
| 9/18/2021 | C.L.C. | 29 | Female |
| **Race/Ethnicity** | **Occupation** | **Marital Status** | **Allergies** |
| White/Non-Latino | N/A | Married | None |
| **Code Status** | **Height** | **Weight** | |
| Full | N/A | 142 lbs | |

## Medical History (5 Points)

**Past Medical History:**
Anxiety
Depression
Infertility issues
Lymphadenopathy
Cardiac murmur
PCOS
UTI

**Past Surgical History:**
Adenoidectomy
Cholecystectomy
C-Section
Gastric sleeve
Hernia repair
Knee arthroplasty
Tonsillectomy

**Family History:** Not on file

**Social History (tobacco/alcohol/drugs):** Former smoker (5 years), ½ ppp, 2.5 pack per years
**Assistive Devices:** None
**Living Situation:** Currently lives with her husband and 2 kids (2 boys)
**Education Level:** Attended parkland -- graduated with associates degree

## Admission Assessment

**Chief Complaint (2 points):** Abdominal pain

**History of present Illness (10 points):** Patient said pain started a few hours before arriving at the ER, and happened when she bent down to pick her dog up. Patient describes pain in her right upper quadrant, as a stabbing, constant pain. Patient previously stated that she had her

gallbladder removed and describes the current pain as feeling the same. Patient does not state any alleviating factors, despite taking some pain relievers. She does, however, complain of more pain when lying supine and eating.

## Primary Diagnosis

**Primary Diagnosis on Admission (2 points):**.Urinary Tract Infection

**Secondary Diagnosis (if applicable):**.

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

Most urinary tract infections (UTIs) are commonly caused by escherichia coli, which comes from the bowel - this organism accounts for almost 90% of all UTIs (Capriotti, 2020). Urinary tract infections affect women, because the urethra is smaller, in comparison to men (Bono, 2021). UTIs in men are not common and should be thoroughly investigated (Bono, 2021). Normally, the urinary tract is stable and bacteria are restricted to the urethral opening (Capriotti, 2020). However, when urinary outflow is obstructed for prolonged periods of time, stagnant urine becomes a good host for bacteria (Capriotti, 2020). Once in the bladder, they can resist host defenses more easily; this causes numerous changes within the body (Capriotti, 2020). Clinical manifestations of urinary tract infections include urgency, frequency, hesitation, pain or burning during urination, and sometimes hematuria (Bono, 2021). The pH of urine can also change, as well as the formation of struvite stones within the kidneys (Capriotti, 2020). It is important to also check kidney functions when dealing with a UTI because sometimes an uncomplicated UTI is hard to distinguish from a kidney infection (Bono, 2021). Diagnosis includes urinalysis with a dipstick and urine cultures; laboratory findings consistent with UTIs include positive red blood cells (RBCs), nitrates and white blood cells (WBCs) (Capriotti, 2020).

Antibiotics are the standard treatment for UTIs, and can be appropriately determined with a culture and sensitivity test (Capriotti, 2020). After reviewing the patient's chart, the most likely cause of her abdominal pain is an untreated UTI. Her urinalysis came back positive for RBCs, WBCs, and leuk esterase which are all indicative.

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

Bono, Michael J., et al. "Urinary Tract Infection (Nursing)." *PubMed*, StatPearls Publishing, 2021, www.ncbi.nlm.nih.gov/books/NBK568701/.

Capriotti, T. M. (2020). PATHOPHYSIOLOGY : introductory concepts and clinical perspectives.

F A Davis

**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** | 3.5-5.2 10^6/ mL | 4.83 10^6/ mL | N/A | |
| **Hgb** | 11-16 g/dL | 14.1 g/dL | N/A | |
| **Hct** | 34-47% | 41.4% | N/A | |
| **Platelets** | 140-400 10^3/uL | 289 10^3/uL | N/A | |
| **WBC** | 4-11 10^3/uL | 13.16 10^3/uL | N/A | Possible Infection (Capriotti, 2020) |
| **Neutrophils** | 40-68% | N/A | N/A | |
| **Lymphocytes** | 19-49% | 20.1% | N/A | |
| **Monocytes** | 3-13% | 3.6% | N/A | |
| **Eosinophils** | 0-8% | 0.5% | N/A | |
| **Bands** | Negative | N/A | N/A | |

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

| Lab | Normal Range | Admission Value | Today's Value | Reason For Abnormal |
|---|---|---|---|---|
| **Na-** | 136-145 mmol/L | 142 mmol/ L | N/A | |
| **K+** | 3.5-5.1 mmol/L | 3.9 mmol/L | N/A | |
| **Cl-** | 98-107 mmol/L | 107 mmol/ L | N/A | |
| **CO2** | 22-29 mmol/L | 23 mmol/L | N/A | |
| **Glucose** | 74-100 mg/dL | 183 mg/dL | N/A | Possible Infection (Capriotti, 2020) |
| **BUN** | 7-19 mg/dL | 10 mg/dL | N/A | |
| **Creatinine** | 0.55-1.02 mg/dL | 0.78 mg/dL | N/A | |
| **Albumin** | 3.5-5.0 mg/dL | 3.9 mg/dL | N/A | |
| **Calcium** | 8.8-10 mg/dL | 9.5 mg/dL | N/A | |
| **Mag** | 1.5-2.6 mg/dL | 1.5 mg/dL | N/A | |
| **Phosphate** | 2.5-4.5 mg/dL | N/A | N/A | |
| **Bilirubin** | 0.2-0.8 mg/dL | N/A | N/A | |
| **Alk Phos** | 34-104 mg/dL | N/A | N/A | |
| **AST** | 5-34 U/L | 114 | N/A | Possible Liver Disease (Capriotti, 2020) |
| **ALT** | 0-55 U/L | 48 U/L | N/A | |
| **Amylase** | 23-85 U/L | N/A | N/A | |
| **Lipase** | 8-78 U/L | 14 U/L | N/A | |
| **Lactic Acid** | 4.5-19.8 mg/ dL | N/A | N/A | |

| | | | | |
|---|---|---|---|---|
| **Troponin** | 0-0.04 ng/mL | N/A | N/A | |
| **CK-MB** | 5-25 IU/L | N/A | N/A | |
| **Total CK** | 22-198 U/L | 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** | 0.8-1.1 | N/A | N/A | |
| **PT** | 11-35 seconds | N/A | N/A | |
| **PTT** | 25-35 | N/A | N/A | |
| **D-Dimer** | <0.5 | N/A | N/A | |
| **BNP** | <100 pg/mL | N/A | N/A | |
| **HDL** | 45-90 mg/dL | N/A | N/A | |
| **LDL** | <100 mg/dL | N/A | N/A | |
| **Cholesterol** | <200 mg/dL | N/A | N/A | |
| **Triglycerides** | <150 mg/dL | N/A | N/A | |
| **Hgb A1c** | 0-5.7% | N/A | N/A | |
| **TSH** | 0.4-4 mIU/L | N/A | N/A | |

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

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|---|---|---|---|---|
| **Color & Clarity** | Colorless - yellow, clear | cloudy, dark yellow | N/A | Urinary Tract Infection (Capriotti, 2020) |
| **pH** | 5.0-7.0 | 5.5 | N/A | |

| | | | | |
|---|---|---|---|---|
| **Specific Gravity** | 1.003-1.005 | 1.003 | N/A | |
| **Glucose** | Negative | Negative | N/A | |
| **Protein** | Negative | 30 | N/A | Infection (Capriotti, 2020) |
| **Ketones** | Negative | Negative | N/A | |
| **WBC** | 0-25 u/L | >1000 | N/A | Urinary Tract Infection (Capriotti, 2020) |
| **RBC** | 0-20 u/L | 64 | N/A | Urinary Tract Infection (Capriotti, 2020) |
| **Leukoesterase** | Negative | Moderate | N/A | Urinary Tract Infection (Capriotti, 2020) |

**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** | 7.35-7.45 | N/A | N/A | |
| **PaO2** | 75-100 mm Hg | N/A | N/A | |
| **PaCO2** | 35-45 mm Hg | N/A | N/A | |
| **HCO3** | 22-26 mm Hg | N/A | N/A | |
| **SaO2** | 95-99% | N/A | N/A | |

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

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|---|---|---|---|---|
| **Urine Culture** | N/A | N/A | N/A | |
| **Blood Culture** | N/A | N/A | N/A | |

| | | | | |
|---|---|---|---|---|
| **Sputum Culture** | N/A | N/A | N/A | |
| **Stool Culture** | N/A | N/A | N/A | |

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

Capriotti, T. M. (2020). PATHOPHYSIOLOGY : introductory concepts and clinical perspectives.

F A Davis.

**Diagnostic Imaging**

**All Other Diagnostic Tests (5 points):** None

**Diagnostic Test Correlation (5 points):** N/A

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

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

**Home Medications (5 required) --**

Patient's file/personal statement only reflected 3 at home medications

| **Brand/Generic** | Ferrous Sulfate / Feosol | Folic Acid / Folacin-800 | Famotidine / Pepcid |
|---|---|---|---|
| **Dose** | 325 mg | 27 mg | 20 mg |
| **Frequency** | Once a day | Once a day | Twice a day |
| **Route** | Oral | Oral | Oral |
| **Classification** | **Pharmacological:** Hematinic **Therapeutic:** Antianemic Nutritional supplement | **Pharmacological:** Water-Soluble Vitamins **Therapeutic:** Vitamin B-complex group | **Pharmacologic:** $H_2$ Blockers **Therapeutic:** Antiulcer |
| **Mechanism of** | Increases RBC | Acts on bone marrow to | Blocks histamine-2, and |

| | | | |
|---|---|---|---|
| **Action** | production by binding with hemoglobin or being oxidized and stored | produce normoblastic marrow (immature RBC), needed to maintain normal erythropoiesis | reduces amount of acid stomach produces |
| **Reason Client Taking** | Anemia | Anemia | Acid Reflux |
| **Contraindications (2)** | Hemolytic anemias<br>Hypersensitivity to iron salts | Hypersensitivity to folic acid<br>Pernicious Anemia | Hypersensitivity to H2 blockers<br>Pregnancy |
| **Side Effects/Adverse Reactions (2)** | Hypotension<br>Abdominal cramps | Abdominal distension<br>Nausea | Constipation<br>Headache |
| **Nursing Considerations (2)** | Should be given 1 hour before or 2 hours after meals, to maximize iron absorption<br>Monitor for signs of iron overdose -- abdominal pain | Women planning pregnancy should take folic acid daily before conception to prevent neural tube defects | May cause arrhythmias, agranulocytosis and aplastic anemias<br>Instruct patient to increase fluids and fiber intake |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Monitor hemoglobin levels<br>Monitor for iron toxicity -- administer deferoxamine as prescribed<br>Check stool for occult blood, as ordered | Assess CBC before administering folic acid | Monitor CBC<br>Assess for occult blood and abdominal pain |
| **Client Teaching needs (2)** | Take iron with full glass of water or juice (OJ increases absorption)<br>Avoid foods that decrease iron absorption -- dairy products, spinach, and high-fiber foods | Take tablets with full glass of water<br>Eat a diet varied in fruits and vegetables | Avoid drinking alcohol - increased risk of damage to stomach<br>Dispose of unused liquid after 30 days |

**Hospital Medications (5 required)**

Patient's file only reflected 2 hospital medications

| | | |
|---|---|---|
| **Brand/Generic** | Fentanyl / Lanzada | Odanestran / Zofran |
| **Dose** | 100 mcg | 4 mg |
| **Frequency** | Once | Once PRN |

| | | |
|---|---|---|
| **Route** | IV Push | IV Push |
| **Classification** | **Pharmacologic:**<br>Opioid<br>**Therapeutic:**<br>Opioid analgesic | **Pharmacologic:**<br>5-HT3 Antagonist<br>**Therapeutic:**<br>Antiemetic |
| **Mechanism of Action** | Binds to opioid receptor sites and changes perception/emotional response to pain | Blocks the actions of serotonin on chemoreceptors that trigger nausea and vomiting |
| **Reason Client Taking** | Pain | Nausea |
| **Contraindications (2)** | Opioid intolerance<br>Hypersensitivity to fentanyl | Neuroleptic malignant syndrome<br>Hypersensitivity to ondansetron |
| **Side Effects/Adverse Reactions (2)** | Respiratory depression<br>Bradycardia | Headache<br>Constipation |
| **Nursing Considerations (2)** | Use cautiously in those at risk for opioid abuse -- mental illness and personal or family history of substance abuse<br>Assess for S/S of serotonin syndrome | Rate of absorption is faster in women than in men<br>Assess for symptoms of dehydration -- decreased BP, skin turgor, urine output |
| **Key Nursing Assessment(s)/Lab(s) Prior to Administration** | Respiratory rate -- monitor closely for first 24-72 hours of initiation of therapy<br>Use the lowest possible effective dose | Monitor for improvement of N/V<br>Monitor electrolyte and fluid levels |
| **Client Teaching needs (2)** | Avoid alcohol and other CNS depressants<br>Advise to not stop taking drug unless consulting with a doctor beforehand | Should report prolonged symptoms, such as headache, fatigue or GI problems, to provider |

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

2020 Nurse's drug handbook. (19th ed.). (2020). Jones & Bartlett Learning.

**Assessment**

**Physical Exam (18 points)**

| | |
|---|---|
| **GENERAL (1 point):**<br>**Alertness:** A&O x4<br>**Orientation:** A&O x4<br>**Distress:** slight distress from being in pain<br>**Overall appearance:** well-groomed | wincing and facial grimacing, arms across abdomen |

| | |
|---|---|
| **INTEGUMENTARY (2 points):**<br>**Skin color:** normal for race<br>**Character:** moisturized<br>**Temperature:** warm to touch<br>**Turgor:** normal<br>**Rashes:** none<br>**Bruises:** none<br>**Wounds:** none<br>**Braden Score:** 22<br>**Drains present: Y☐ N ☒**<br>**Type:** | Braden Score:<br>Sensory: 4<br>Moisture: 4<br>Activity: 4<br>Mobility: 4<br>Nutrition: 3<br>Friction and Shear: 3 |
| **HEENT (1 point):**<br>**Head/Neck:** symmetrical, no deviation noted<br>**Ears:** pink & moist<br>**Eyes:** PERRLA, no drainage or lesions, sclera white, conjunctiva pink bilaterally<br>**Nose:** septum midline, no deviation<br>**Teeth:** no missing teeth, oral mucosa and lips pink & moist, good oral hygiene | . |
| **CARDIOVASCULAR (2 points):**<br>**Heart sounds:** normal $S_1$ & $S_2$<br>**S1, S2, S3, S4, murmur etc.**<br>no murmur<br>**Cardiac rhythm (if applicable):** normal<br>**Peripheral Pulses:** +2<br>**Capillary refill:** <3 sec<br>**Neck Vein Distention: Y ☐ N ☒**<br>**Edema Y ☐ N ☒**<br>**Location of Edema:** | . |
| **RESPIRATORY (2 points):**<br>**Accessory muscle use: Y☐ N ☒**<br>**Breath Sounds: Location, character** | Breath sounds normal, unlabored<br>Chest rises and falls equally, bilaterally<br>No wheezes, rhonchi, or rubs present |
| **GASTROINTESTINAL (2 points):**<br>**Diet at home:** high-protein, low fat<br>**Current Diet:** normal<br>**Height:** N/A<br>**Weight:** 142 lbs<br>**Auscultation Bowel sounds:** normoactive<br>**Last BM:** yesterday 9/7<br>**Palpation: Pain, Mass etc.:** pain in RUQ<br>**Inspection:** | . |

| | |
|---|---|
| **Distention:** none<br>**Incisions:** none<br>**Scars:** none<br>**Drains:** none<br>**Wounds:** none<br>**Ostomy: Y ☐ N ☒**<br>**Nasogastric: Y ☐ N ☒**<br>**Size:**<br>**Feeding tubes/PEG tube Y ☐ N ☒**<br>**Type:** | |
| **GENITOURINARY (2 Points):**<br>**Color:** dark yellow<br>**Character:** cloudy<br>**Quantity of urine:** has bathroom privileges<br>**Pain with urination: Y ☐ N ☒**<br>**Dialysis: Y ☐ N ☒**<br>**Inspection of genitals:** clean, well-groomed, without lesions<br>**Catheter: Y ☐ N ☒**<br>**Type:**<br>**Size:** | |
| **MUSCULOSKELETAL (2 points):**<br>**Neurovascular status:** intact<br>**ROM:** Full<br>**Supportive devices:** none<br>**Strength:** equal on upper and lower extremities, bilaterally<br>**ADL Assistance: Y☐ N ☒**<br>**Fall Risk: Y ☐ N☒**<br>**Fall Score:** 4<br>**Activity/Mobility Status:**<br>**Independent (up ad lib) ☒**<br>**Needs assistance with equipment ☐**<br>**Needs support to stand and walk☐** | . |
| **NEUROLOGICAL (2 points):**<br>**MAEW: Y ☒ N☐**<br>**PERLA: Y ☒ N☐**<br>**Strength Equal: Y ☒ N ☐ if no -**<br>**Legs ☐ Arms ☐ Both ☐**<br>**Orientation:** A&O x4<br>**Mental Status:** Alert<br>**Speech:** Normal rate, no slurred speech, understandable<br>**Sensory:** No impaired senses | . |

| | |
|---|---|
| **LOC:** Awake, conscious | |
| **PSYCHOSOCIAL/CULTURAL (2 points):**<br>**Coping method(s):** Patient likes to spend time with her children & play Sims in her free time<br>**Developmental level:** consistent with age<br>**Religion & what it means to pt.:** Non-religious<br>**Personal/Family Data (Think about home environment, family structure, and available family support):** Patient lives at home with husband, who was at work during time of ED visit. She was accompanied by her mother, which shows she has a support system outside of the home. | . |

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

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|---|---|---|---|---|---|
| **0900** | 60 | 121/58 | 19 | 98.1 | 100 |
| .**1027** | 84 | 115/85 | 18 | 98.5 | 100 |

**Vital Sign Trends:** Stable, BP is slightly elevated

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

| Time | Scale | Location | Severity | Characteristics | Interventions |
|---|---|---|---|---|---|
| **0900** | 1-10 | RUQ | 6-7 | Sharp Throbbing | Fentanyl IV push |
| **1000** | 1-10 | RUQ | 5 | Sharp Throbbing | Patient said pain medications were working |

## IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|---|---|
| **Size of IV:** 20 gauge<br>**Location of IV:** Left brachial<br>**Date on IV:** 9/8/21<br>**Patency of IV:** patent<br>**Signs of erythema, drainage, etc.:** none<br>**IV dressing assessment:** clean, no leaking | 1000 mL normal saline @ 100 mL/hr |

## Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|---|---|
| N/A -- patient did not consume anything during duration of clinical | Has bathroom privileges |

## Nursing Care

### Summary of Care (2 points)

**Overview of care:** Obtained vital signs, IV, started fluids and sent blood to the lab for testing. Was able to get CBC and urinalysis results back.
**Procedures/testing done:** None
**Complaints/Issues:** RUQ pain
**Vital signs (stable/unstable):** Stable
**Tolerating diet, activity, etc.:** Patient is currently NPO by choice because pain level is increased when she eats
**Physician notifications:** None

**Future plans for patient:** Client was still in ED when I left the clinical floor, was not made aware of any future plans for patients, or whether she was going to be admitted or discharged.

### Discharge Planning (2 points)

Was not made aware of any discharge planning due to the fact that the patient was still in the ED when I left the clinical floor.

**Discharge location:**
**Home health needs (if applicable):**
**Equipment needs (if applicable):**
**Follow up plan:**
**Education needs:**

**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.** Impaired urinary elimination related to UTI as evidenced by urinalysis coming back positive | Patients urinalysis came back positive for RBC, WBC, leukoesterase and proteins, all indicative of a UTI | **1.** Antibiotics<br><br>**2.** Encouraging client to void every 2 to 3 hours | Clients will be prescribed antibiotics and will be encouraged to finish full therapy, even when symptoms disappear. Client was also educated on the importance of regular voiding and that stagnant urine is a good host for bacteria.<br>Goals met |
| 2. Deficient knowledge related to UTIs as evidenced by recurrent UTIs on record | Patients past medical record states that she has had multiple UTIs in the past. | **1.** Explaining risk factors of UTIs<br><br>**2.** Explain importance of preventing urinary tract infections | Patient was educated on risk factors and preventative measures for UTIs -- including hygienic measures, perineal hygiene and the importance of frequent bladder emptying.<br>Goals met |
| 3. Acute pain related to urinary tract infection as evidenced by chief complaint | Clients chief complaint is abdominal pain | **1.** Pain medication<br>**2.** Reassess pain levels | Patient was assessed for pain levels and rated a 7 on a scale of 1-10. Was then prescribed fentanyl and was reassessed in 15 minutes. Clients pain rating went down to a 5<br>Goals met |

| | | | |
|---|---|---|---|
| **4.** Imbalanced nutrition related to gastric sleeve as evidenced by surgery being recent | Patient recently had a gastric sleeve surgery, and it's important to assess that client is meeting nutritional needs | **1.** Assess client perspectives and feelings towards food and eating<br><br>**2**.Assess clients readiness to learn about nutrition and needs | Client was assessed for current diet and feelings towards gastric sleeve. She confirmed that it had been a difficult transition but that she was doing well with her new lifestyle.<br>Goals met |

**Other References (APA):**

Martin, Paul, et al. "6 Urinary Tract Infection Nursing Care Plans." *Nurseslabs*, 9 Jan. 2017, nurseslabs.com/urinary-tract-infection-nursing-care-plans/3/.

**Concept Map (20 Points):**


Subjective Data
Subjective Data:
Client states RUQ abdominal pain started a few hours before she came to the ED, and happened when she bent down to pick up her dog. Says she took some pain relievers with no help.
Nursing Diagnosis/Outcomes
Nursing Diagnosis/Outcomes:
Impaired urinary elimination related to UTI as evidenced by urinalysis coming back positive
Outcome: Clients will be prescribed antibiotics and will be encouraged to finish full therapy, even when symptoms disappear. Client was also educated on the importance of regular voiding and that stagnant urine is a good host for bacteria.
Deficient knowledge related to UTIs as evidenced by recurrent UTIs on record
Outcome: Patient was educated on risk factors and preventative measures for UTIs -- including hygienic measures, perineal hygiene and the importance of frequent bladder emptying.Goals met
Acute pain related to urinary tract infection as evidenced by chief complaint
Outcome: Patient was assessed for pain levels and rated a 7 on a scale of 1-10. Was then prescribed fentanyl and was reassessed in 15 minutes. Clients pain rating went down to a 5. Goals met
Imbalanced nutrition related to gastric sleeve as evidenced by surgery being recent
Outcomes: Client was assessed for current diet and feelings towards gastric sleeve. She confirmed that it had been a difficult transition but that she was doing well with her new lifestyle. Goals met
Objective Data
Objective Data:
Urinalysis came back positive for RBC, WBC, Protein and leukoesterase.
Patient also had an elevated WBC count, glucose and AST
Patient Information
Patient Information:
29 yo female that came to ED with complaints of abdominal pain. Has a history of infertility issues, UTIs, depression and anxiety. Patient also received a gastric sleeve.
Nursing Interventions
Nursing Interventions:
Impaired urinary elimination
Antibiotics
Encouraging client to void every 2 to 3 hours
Deficient knowledge
Explaining risk factors of UTIs
Explain importance of preventing UTIs
Acute Pain
Pain medication
Reassess pain levels
Imbalanced nutrition
Assess client perspectives and feelings towards food and eating
Assess clients readiness to learn nutrition and needs