N431 Care Plan # 1

Lakeview College of Nursing

Name: Christine Nlandu

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
09/15/2021	NS	61 years old	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Not employed	Single	Ciprofloxacin, Gabapentin, Nitrofurantoin, Penicillin, Hydromorphone
Code Status	**Height**	**Weight**	
Full code	162 cm	77.1 kg	

Medical History (5 Points)

Past Medical History: Malignant neoplasm, colon-rectal cancer, chest pain, nausea, vomiting, abdominal pain, hyperlipidemia, hypertension, peripheral neuropathy, idiopathic, urinary tract infection, vaginal stenosis, shortness of breath, major depression disorder, agoraphobia with panic disorder, chronic lumbar radiculopathy, gross hematuria, urge incontinence, parastomal hernia without obstruction, knee, and hip pain.

Past Surgical History: Ostomy

Family History: Father passed away from cancer, and mother suffered from hypertension.

Social History (tobacco/alcohol/drugs): Current smoker about one-third of a pack per day. The patient had a history of alcohol abuse 20 years ago.

Assistive Devices: N/A

Living Situation: She lives with her daughter.

Education Level: High school diploma.

Admission Assessment

Chief Complaint (2 points): Abdominal cramp

History of present Illness (10 points): About two weeks ago, A 61-year-old white single woman visited her primary care provider for an abdominal cramp that started a couple of days before the visit. It is progressively worsened, and the discomfort was constant. The abdominal cramp was like contractions and accompanied by nausea and vomiting. The client took her pain pill, hydrocodone-acetaminophen, which helped for few hours with bed rest. The cramp started again and moving worsened the pain. After A CT scan, a mass was noted on her right kidney. Then the client was scheduled to have a cryoablation today in the hospital. The client is under other medications for chronic conditions.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Right kidney mass about 1 cm

Secondary Diagnosis (if applicable): N/A

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

Kidney mass is also viewed as renal cancer, kidney tumor, or renal carcinoma. In the United States, renal cancer accounts for about 5 % of all cancers (Hinkle & Cheever, 2018). For the past two decades, the incidence of renal cancers has increased in men and women. Renal carcinoma is one of the 10 most types of cancers. Among urological tumors, renal carcinoma is the third incident after prostate and bladder cancer (Capriotti, 2020). Risk factors of renal cancer, including tobacco use and the increase in body mass index. A kidney tumor can metastasize to other organs such as bones, lungs, liver, brain, and contralateral kidney. The most common sign of renal cancer is pain, and hematuria can be intermittent, continuous, microscopic, or gross. The pain can be dull in the back area.

Colicky occur if the mass or a clot passes down to the ureters. If the tumor metastasized, it could increase weakness, weight loss, and anemia.

To diagnose renal cancer, the provider ordered renal angiograms, ultrasonography, or a CT scan. Nurses should monitor for signs of exhaustion and dehydration. The goal for the treatment is to identify the mass early to prevent metastasize and slow the growth. The therapy most include pharmacological and surgical. Also, radiation therapy can be used for patients who are not a candidate for surgery or other treatment (Hinkle & Cheever, 2018). In this client, a CT scan was performed along with a kidney biopsy. During CT scan, they also performed cryoablation to destroy the abnormal cells. However, the result of the biopsy was not yet available. Before the procedure, the doctor ordered a complete blood count, metabolic panel, and covid 19 test. Clinical data states that many clients with renal cancer present without symptoms, and most of them are identified during routine checkups as palpable mass. Only 10% of these clients develop symptoms including pain, hematuria, and abundance in the flank (Hinkle & Cheever, 2018, P. 1574-1575). This client has a history of abdominal cramps, pain, and gross hematuria. The client is a current smoker, about one-third of a pack per day, the most risk factor for developing renal cancer and a history of colon-rectal cancer (Hinkle & Cheever, 2018).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). Philadelphia: F.A. Davis Company.

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

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	M:4.5-6 million F: 4-5.5 million	N/A	3.91	RBCs are low when there is decreased production in the bone marrow, kidney impairment, anemia, and bleeding. The client has a history of gross hematuria and an active renal mass (Hinkle & Cheever, 2018).
Hgb	M: 14-16g/dl F: 12-15 g/dl	N/A	12.5	
Hct	M: 35-47% F: 42-52%	N/A	37.8	It is low during anemia, bleeding, pregnancy, chronic disease, and renal failure. The client has a history of chronic disease (colon-rectal cancer) and gross hematuria (Hinkle, 2018)
Platelets	150,000-400,000 cells mm3	N/A	272	
WBC	4,500-11,000 cell/mm3	N/A	5.57	
Neutrophils	45-75%	N/A	N/A	
Lymphocytes	20-40%	N/A	N/A	
Monocytes	4-6%	N/A	N/A	
Eosinophils	¿ 7%	N/A	N/A	
Bands	¿ 0-5%	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-	**135-145 mmol/L**	**N/A**	**136**	
K+	**3.5-5.0 mmol/L**	**N/A**	**4.1**	
Cl-	**98-107 mmol/L**	**N/A**	**96**	**Hypochloremia is caused by Addison's disease, GI loss, ketoacidosis, and excessive sweating. It is also due to burns, medication, less chloride intake, metabolic alkalosis, and more. The client has a history of parastomal hernia and colon-rectal cancer, which may decrease chloride levels (Hinkle & Cheever, 2018).**
CO2	**35-45 mm Hg**	**N/A**	**31.0**	**CO2 is lost during hyperventilation, tachycardia, hypokalemia, numbness, muscle cramp, seizure, and anxiety. The patient has a history of abdominal cramps (Hinkle & Cheever, 2018).**
Glucose	**70-100 mg/ dL**	**N/A**	**98**	
BUN	**8-25 mg/dL**	**N/A**	**5**	**BUN decreases during liver failure, over-hydration, inadequate protein intake, and pregnancy. This client may not get adequate protein intake (Hinkle & Cheever, 2018).**
Creatinine	**0.6-1.3 mg/ dL**	**N/A**	**0.58**	**Creatinine decreases during a loss of muscle mass, muscular dystrophy, inadequate protein intake, pregnancy, and liver disease. This client has a kidney mass, which may cause muscular dystrophy or loss of muscle mass (Hinkle & Cheever, 2018).**
Albumin	**3.5-5.2 mg/ dL**	**N/A**	**N/A**	
Calcium	**8.6-10 mg/dL**	**N/A**	**8.8**	

Mag	**1.3-2.3 mEq/L**	**N/A**	**N/A**	
Phosphate	**2.5-4.5 mg/ dL**	**N/A**	**N/A**	
Bilirubin	**0.1-1.4 mg/ dL**	**N/A**	**N/A**	
Alk Phos	**44-147 U/L**	**N/A**	**N/A**	
AST	**10-30 U/L**	**N/A**	**N/A**	
ALT	**10-40 U/L**	**N/A**	**N/A**	
Amylase	**30-110U/L**	**N/A**	**N/A**	
Lipase	**0-160 U/L**	**N/A**	**N/A**	
Lactic Acid	**0.5-2.2 mmol/L**	**N/A**	**N/A**	
Troponin	**I: < 0.03 ng/ ml T:<0.1 ng/ ml**	**N/A**	**N/A**	
CK-MB	**3-5 % of the total CK**	**N/A**	**N/A**	
Total CK	**26-174 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	**2-3**	**N/A**	**N/A**	
PT	**M:9.6-11.8 sec F:9.5-11.3 sec**	**N/A**	**N/A**	
PTT	**30-40 sec**	**N/A**	**N/A**	

D-Dimer	**¿ 250 ng/mL**	**N/A**	**N/A**	
BNP	¿100 *ng/L*	**N/A**	**N/A**	
HDL	**> 60**	**N/A**	**N/A**	
LDL	¿130 *mg/dL*	**N/A**	**N/A**	
Cholesterol	¿200 *mg/dL*	**N/A**	**N/A**	
Triglycerides	**¿ 150 mg/dL**	**N/A**	**N/A**	
Hgb A1c	**4-5.6 %**	**N/A**	**N/A**	
TSH	**0.5-5.0 mlU/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**	**N/A**	**N/A**	
pH	**4.5-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.035**	**N/A**	**N/A**	
Glucose	**none**	**N/A**	**N/A**	
Protein	**none**	**N/A**	**N/A**	
Ketones	**none**	**N/A**	**N/A**	
WBC	**none**	**N/A**	**N/A**	
RBC	**none**	**N/A**	**N/A**	
Leukoesterase	**none**	**N/A**	**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	**7.35-7.45**	**N/A**	**N/A**	
PaO2	**80-100**	**N/A**	**N/A**	
PaCO2	**35-45**	**N/A**	**N/A**	
HCO3	**22-26**	**N/A**	**N/A**	
SaO2	**92-100%**	**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	**≥ 100,000/ml**	**N/A**	**N/A**	
Blood Culture		**N/A**	**N/A**	
Sputum Culture		**N/A**	**N/A**	
Stool Culture		**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT scan along with cryoablation was done for the right kidney mass of 1 cm. They also took a sample for biopsy, and the client was intubated, but the results are not yet available (Hinkle & Cheever, 2018).

Diagnostic Test Correlation (5 points):

CT scan was performed to examine and confirm the diagnosis of kidney cancer. The cryoablation was done to destroy unnecessary tissue in the right kidney. The biopsy ensures the diagnosis of the right kidney tumor suspected because the client has a history of colon-rectal cancer, which can metastasize to other organs. In addition, the client was intubated to facilitate the procedure, and it was taken out after the procedure.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	**Hydrocodone/ Acetaminophen Norco**	**Aspirin/ Enteric-coated (Jones & Bartlett, 2020, P. 97-**	**Albuterol/ Ventolin (Jones & Bartlett, 2020, P. 30-32).**	**Alprazolam/ Xanax (Jones & Bartlett, 2020, P. 44-45).**	**Fluoxetine/ Prozac (Jones & Bartlett, 2020, P. 510-513).**

	(Jones & Bartlett, 2020, P. 585-588).	**99).**			
Dose	**5-325 mg**	**81 mg**	**90 mcg**	**0.5 mg tablets**	**20 mg capsule**
Frequency	**Every 6 hours PRN**	**Once daily**	**Every 4 hours PRN**	**Every 2 hours PRN**	**daily**
Route	**Oral**	**oral**	**Inhaler**	**Oral**	**Oral**
Classification	**Opioid analgesic**	**NSAID**	**Bronchodilator**	**Benzodiazepines**	**Antidepressant**
Mechanism of Action	**Binds to and activates opioid receptors at sites in the periaqueductal and periventricular gray matter, the ventromedial medulla, and the spinal cord to produce pain relief.**	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Anti-inflammatory**	**Albuterol is attached to beta receptors on bronchial cell membranes, which stimulates the intracellular enzyme ATP.**	**Enhance GABA-mediated & synaptic inhibitor**	**Selectively inhibits the reuptake of the neurotransmitter serotonin by central nervous system neurons and increases the amount of serotonin available in nerve synapses.**
Reason Client Taking	**Pain**	**The patient is taking Aspirin to prevent blood clots.**	**Wheezing & Cough**	**Anxiety**	**Major depressive disorder**
Contraindications (2)	**Asthma & Respiration depression.**	**Active bleeding & hypersensitivity**	**Hypersensitive to drug & its component**	**Alprazolam allergy & hypersensitivity to other components of the formula**	**Concurrent use with pimozide and MAO within 14 days.**
Side Effects/Adverse	**Hypotension & coma**	**confusion &**	**Bronchospasm &**	**Fatigue & dizziness**	**Malignancy syndrome &**

Reactions (2)		**depression.**	**hypotension**		**unusual bleeding.**
Nursing Considerations (2)	**Do not give to the patient with impaired consciousness & use caution with clients who have chronic pulmonary obstruction.**	**Do not crush the timed-release tablet & ask about tinnitus.**	**Administer during the second half of inspiration & the client can develop drug tolerance.**	**Expect an increased dosage if the patient has a panic attack & tapper down when discontinuous.**	**Monitor client with depression & gastrointestinal bleeding.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Assess for respiratory depression and allergy**	**Assess signs of bleeding.**	**Monitor for potassium.**	**Assess the signs and symptoms of decreased conscientiousness.**	**Ask the patient if they are taking MAO.**
Client Teaching needs (2)	**Avoid alcohol & consume plenty of fluid.**	**Take medicine with food & stop taking if signs of bleeding.**	**Teach the client how to use an inhaler & wash the mouthpiece with water once a week.**	**Do not stop abruptly & avoid alcohol.**	**This drug increases the risk of serotonin syndrome & causes mild pupillary dilation.**

Hospital Medications (5 required)

For the hospital medication, I took all dosages in the book because the cryoablation procedure was so fast, and I could not record the dosages.

Brand/Generic	**Propofol/ Diprivan**	**Lidocaine/ Lidoderm**	**Dexamethasone/**	**Fentanyl / Duragesi**	**Rocuronium/ Zemuron)**

	(Jones & Bartlett, 2020, P. 1047-1048).	**(Jones & Bartlett, 2020, P. 699-702)**	**(Jones & Bartlett, 2020, P. 316-319)**	**c (Jones & Bartlett, 2020, P. 485-490).**	**(Jones & Bartlett, 2020)**
Dose	**2 mcg/kg**	**0.5- 0.75 mg/kg**	**0.75-9 mg/day**	**0.05-0.1 mg**	**0.6mg/kg**
Frequency	**Twice during the right Kidney cryoablation.**	**Twice during kidney ablation**	**Once during right kidney cryoablation.**	**Once during the procedure.**	**Before and during intubation.**
Route	**Intravenous push.**	**Intravenous push.**	**Intravenous injection**	**Slow intravenous injection**	**Intravenous**
Classification	**Hypnotic**	**Antiarrhythmic**	**Anti-inflammatory**	**Opioid**	**Neuromuscular blockers.**
Mechanism of Action	**Decreases cerebral blood flow, cerebral metabolic oxygen consumption, and intracranial pressure**	**Combines with fast sodium channels in myocardial cell membranes, which inhibits sodium influx into cells and decreases ventricular depolarization.**	**Dexamethasone binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses.**	**Fentanyl binds to opioid receptor sites in the central nervous system, altering the perception of and emotional response to pain by inhibiting ascending pain pathway.**	**The drug acts by competing for cholinergic receptors at the motor endplate. The action is antagonized by acetylcholinesterase inhibitors such as neostigmine and edrophonium.**
Reason Client	**Sedation**	**Anesthesia**	**To treat**	**To**	**Adjust to**

Taking	**during cryoablation**	**and pain relief.**	**inflammatory or colon-rectal cancer and right kidney mass.**	**relieve chronic pain due to malignancy.**	**general anesthesia to facilitate rapid sequence and routine tracheal intubation. Also, provides skeletal muscle relaxation during mechanical ventilation.**
Contraindications (2)	**Hypersensitivity to drug & eggs**	**Hypersensitivity to drug & Adams-stokes syndrome.**	**Idiopathic thrombocytopenic purpura & liver-virus vaccine.**	**Respiratory depression & upper airway obstruction.**	**Allergy to rocuronium & not given to a client who is not sedated.**
Side Effects/Adverse Reactions (2)	**Hypotension & apnea**	**Malignant hyperthermia & seizure.**	**Bradycardia & arrhythmias**	**Seizure & anaphylaxis.**	**Nausea & vomiting**
Nursing Considerations (2)	**Shake container well & dilute before administration**	**Use caution for clients with renal impairment & myocardial function.**	**Use caution in clients with intestinal surgery & test the stool for occult**	**Monitor tachycardia & diarrhea.**	**Observe for signs of respiratory distress & weakness during recovery.**
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Recovery from sedation within 8 min & monitor for infusion syndrome**	**Check the prefilled syringe & monitor vital signs.**	**Monitor for fluid intake, output, daily weight, crackles, dyspnea edema, and weight gain.**	**Monitor client for adrenal insufficiency and blood glucose.**	**Monitor ECG, heart rate, and blood pressure.**
Client Teaching needs (2)	**Teaching before the procedure & do not drive after**	**Hash hands & use external heat sources.**	**Take the drug once a day in the morning & avoid**	**Take medicine as prescribed &**	**Teach the client before the procedure that the drug calm muscle**

	the procedure.		**subcutaneously.**	**avoid alcohol.**	**during intubation & during mechanical breathing.**

Medications Reference (1) (APA):

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The client appears alert and oriented to person, time, and place. The client is well-groomed and seems to be afraid about the procedure. She speaks English well.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Braden scale: 20** **The client's skin is warm, dark, and dry. Skin turgor is expected because the client is not dehydrated. She does not have rashes, bruises, wounds, and no drains noted.**

HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head normocephalic and neck is symmetrical, the trachea is midline without deviation, normal thyroid, carotid pulse palpable 2+ bilateral. The ear canal is transparent, and the tympanic membrane is pearly grey bilateral. Pupils: PERLA, Conjunctive pink bilateral. The client does not wear glasses, the nose is midline, no polyp, and the denture is intact.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**The client is not on telemetry. S1 and S2 are noted. Regular rhythm and apical pulse are present. Peripheral pulses palpable 2+ throughout bilateral, capillary refill is less 2 sec, no cyanosis or murmur. No pitting edema bilateral nor neck vein distention.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**Normal rhythm, rate, and respiration are not labored bilateral; no crackles were noted bilaterally. Ineffective cough noted after intubation.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height: 162 cm** **Weight: 77.1 kg** **Auscultation Bowel sounds:** **Last BM: The patient has stoma.** **Palpation: Pain, Mass etc.: Abdominal cramp** **Inspection: The overall abdominal looks good and the stoma is moist and pinkish-red.** **Distention: N/A** **Incisions: N/A** **Scars: N/A** **Drains: Normal watery stool from the stoma.**	**The client is on a regular diet at home. The abdomen is soft, non-tender, no mass noted during palpation for all four quadrants. Normal bowel sounds bilateral, with abdominal cramp mentioned.**

Wounds: **Ostomy: Y ☒ N ☐** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The client reports that urine is yellow, average quantity, and has been urged when going to the bathroom. She has no pain during urination.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**The client is alert and oriented to person, place, and time. She tested negative for the Homan sign. Normal range of motion, equal strength 5/5, does not use an assistive device. The patient can do activities of daily living. Fall risk score is 2. The patient is active, able to stand up alone and walk.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient is awake, oriented PERLA, equal strength, expected level of conscience, no sensory deficit, and an average pace of speech.**
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	**The patient uses family support for coping methods, has a high school diploma, does not have a religious preference, and lives with her daughter. She has good family support.**

environment, family structure, and available family support):	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:15	**55**	**139/67**	**18**	**98.7**	**97% on room air.**
10:30 After anesthesia	**83**	**114/62**	**18**	**99.2**	**96% on room air**

Vital Sign Trends: The client has a history of hypertension and stated that she was stressed due to the procedure, which increased her systole blood pressure and decreased her pulse. After cryoablation, all vital signs returned to normal.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:15	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain because she took her pain medicine before the procedure. She is taking Norco**
10:30	**0/10**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain**	**Client denial any pain because she is under the effect of anesthesia.**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV: cephalic vein on left and right arm.** **Date on IV: 09/15/21** **Patency of IV: Easy flushed** **Signs of erythema, drainage, etc.: N/A** **IV dressing assessment: Clear, dry, and intact dressing**	The IVs were locked with normal saline noted.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Client is NPO	**N/A**

Nursing Care

Summary of Care (2 points)

Overview of care: When the client arrived, the nurse and I performed a head-to-toe assessment and vital signs. A CT nurse and I accompanied the patient for the cryoablation. After the procedure, the client returned to the radiology for observation. The vital signs were done, the patient woke up, and was almost ready for the discharge.

Procedures/testing done: This client is an outpatient client who came to the hospital for cryoablation of the right kidney. The client was sedated and intubated. This was followed by a CT scan, and cryoablation was done to destroy unnecessary cells in the right kidney.

Complaints/Issues: During the shift, the client had no complaint.

Vital signs (stable/unstable): Vital signs were unstable when the client arrived. The client stated that she was stressed due to the procedure, and then they became stable after the process.

Tolerating diet, activity, etc.: The client is active and able to do activities of daily living. She is on a regular diet at home.

Physician notifications: Before the CT scan client needs to have CBC, BMP, and covid 19 tests done. The client must stop her medicine 5 days before the procedure, remained NPO at midnight, needs a driver and someone who can stay with her overnight after the procedure.

Future plans for the patient: The client is returning home after the procedure and taking her prescribed medicine.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): The client can care for herself at home, and the daughter is involved in her care.

Equipment needs (if applicable): The patient does not need any equipment currently.

Follow-up plan: The client should return to the hospital in 4 to 6 weeks for follow-up. More pictures will be taken during the follow-up visit to ensure the procedure was done correctly and did not damage normal cells of the right kidney.

Education needs: After the procedure, it is common to have mild pain and swelling. Wash hands before changing a dressing, remove the strip, limit activities, and call the provider if pain increases, fever, or other infection signs.

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 airway clearance related to endotracheal intubation, as evidenced by the client, has an ineffective cough.**	**This diagnosis was chosen to evaluate the effectiveness of therapy.**	**1. Assess for ineffective airway clearance for mechanical ventilation.** **2. Auscultate the lungs for the presence of normal or abnormal breath sounds.**	**The patient will maintain clear and open airways, as evidence by typical breath sound after suctioning.**
2 The risk for low situational self-esteem related to dependency and body image change as evidenced that the patient is unemployed and has an ostomy.	**This diagnosis is essential because the client is no longer working, and the stoma affects her attitude negatively.**	**1. Assess patient's and family's responses and reactions to illness and treatment.** 2 **Assess usual coping patterns of patient and family members.**	**Identify the previous coping style that has been effective.** **The client verbalized the need for counseling to cope with changes.**
3 Fear and anxiety related to the procedure as evidenced by elevating systolic blood pressure about 139	**This diagnosis is used to affirm the patient's understanding of and ultimate resolution of feelings and fears.**	**1. Assess the patient's anxiety and fear before the procedure.** **2 Encourage the**	**The patient verbalizes feelings and reactions to staff. The client identifies the daughter as a support person.**

		client to share feelings with her daughter.	
4 Deficient knowledge regarding the condition and treatment related to misunderstanding as evidenced by continuous client smoking about one-third pack a day.	**This diagnosis was chosen because the client needs more education about smoking, the primary risk factor of cancers.**	**1. Assist the client in identifying ways to incorporate changes related to the illness and treatment into the lifestyle.** **2. Provide oral and written information in her appropriate language.**	**The client verbalized the relationship between smoking and cancer with its consequences.** **The patient asked questions and indicated readiness to learn.**

Other References (APA):

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

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, and psychiatric-mental health*** **(5th ed.). Elsevier.**

Concept Map (20 Points):

Subjective Data

Abdominal cramp feels like contraction
Nausea and vomiting
Fear

Nursing Diagnosis/Outcomes

-Ineffective airway clearance related to endotracheal intubation.
Outcome: Clients will maintain clear and open airway as evidence by normal breath sounds after suctioning
-Deficient knowledge regarding the condition and treatment.
Outcome: The patient verbalized the relationship between smoking and cancer with its consequences. The client asked questions and indicated readiness to learn.
-Risk for low situational self-esteem.
Outcome: Identify previous coping methods that have been effective. The patient verbalized the need for counseling to cope with change
-Fear and anxiety related to the procedure.
Outcome: The client verbalized feelings and reactions to staff and identified the daughter as a support person.

Objective Data

Abnormal chloride
Abnormal creatinine and BUN
Oxygen saturation
CT scan
Cryoablation
Biopsy

Patient Information

A 61 years old white female came to the radiology department for cryoablation of the right kidney, which was identified during her routine visited with her primary provider. The client has a history of colon-rectal cancer, major depression disorder more.

Nursing Interventions

-Assist the patient in identifying ways to incorporate changes related to the illness and treatment into the lifestyle.
-Provide oral and written instructions in her appropriate language.
-Ass the client's and family's response and reactions to illness nd treatment.
ssess usual coping patterns of patient and family members.
Assess the patient's anxiety and fear before the procedure.
Encourage the client to share feelings with her daughter.
-Assess for ineffective airway clearance for mechanical ventilation.
-Auscultate the lungs to identify breath sounds.