N431 Care Plan # 1

Lakeview College of Nursing

Jamie Rucker

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
9/7/2021	**BW**	**57**	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	**Operations Supervisor at GE Aviation**	**Divorced**	**Seasonal**
Code Status	**Height**	**Weight**	
Full Code	**5'9"**	**210lbs**	

Medical History (5 Points)

Past Medical History: Patient indicated none, but I found in the chart that he has hypertension and asthma.

Past Surgical History: Patient denies any surgical history.

Family History: Patient indicated that his mom has uterine cancer and is currently on hospice, he was unsure of the date or her diagnosis. His dad is living and well, and the patient has 5 brothers who are all healthy. He has a 28-year-old son and 26-year-old daughter.

Social History (tobacco/alcohol/drugs): Patient denies ever smoking or using any drugs. According to the patient, he drinks 1 or 2 long island ice teas per month if that.

Assistive Devices: No assistive devices other than glasses.

Living Situation: Patient lives alone and has no pets.

Education Level: Patient graduated from high school, has some college and some military.

Admission Assessment

Chief Complaint (2 points): Abdominal pain, constipation, and difficulty urinating.

History of present Illness (10 points): Patient stated, "I haven't been able to eat much, and it has been a week as of Saturday (September 4th) since I had a bowel movement." He has been having trouble urinating and stated that he is only able to go "a little at a time." He indicated that

the pain was mostly on the right side, constant dull and achy but that at times it hurt all over and was worse with movement. He stated, “I haven’t really done anything other than trying not to move much.” He has not been seen for this prior to coming into the hospital on September 7th.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute appendicitis

Secondary Diagnosis (if applicable):

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

The appendix is a pouchlike organ that extends from the meeting point of the small intestine and large intestine, appendicitis is the inflammation of this organ (Capriotti, 2020). In the United States there are about 10/100,000 people each year who are affected by appendicitis, typically affecting children and young adults, but can also occur in the elderly (Capriotti, 2020). There are several risk factors for appendicitis including, consuming a low fiber diet, family history of appendicitis, being a male, bacterial or viral infections, or trauma to name a few (Capriotti, 2020). Kinking of the intestines or blockage by calcified stool can cause the appendix to become inflamed, resulting in increased pressure that narrows the lumen. A narrow lumen causes reduced blood flow to the appendix resulting in mucus buildup, which creates the perfect environment for bacterial growth (Hinkle & Cheever, 2018). An untreated appendicitis can rupture contaminating the peritoneal cavity with bacteria, mucus, and white blood cells (Hinkle & Cheever, 2018). Some signs and symptoms of appendicitis include dull pain at the umbilicus, sharp pain in the right lower quadrant that gets worse when moving, constipation, nausea, fever, and vomiting (Hinkle & Cheever, 2018). In basic health assessment lab, they teach that there are several ways to assess for appendicitis including pressing on the lower right quadrant

(McBurney's point), pressing on the opposite side to check for rebound tenderness (Rovsing's sign), rotating of the leg/hip to check for positive Obturator sign, and flexion of the right hip to assess for pain which would indicate a positive Psoas sign. In addition to the physical exam assessment, there are diagnostic tests such as pelvic and abdominal CT scans with or without contrast, ultrasound, abdominal X-ray, lab tests to check for elevated white blood cells that will be done to diagnose appendicitis (Capriotti, 2020). In some cases, a patient with appendicitis can be given antibiotics to treat the appendicitis, but in other cases when a rupture has occurred, an appendectomy is necessary to remove the appendix (Capriotti, 2020). My patient is a male who has a normal diet consisting of no more than 1-2 meals per day which typically consist of processed and fatty foods which are commonly low in fiber. A low fiber diet results in calcified stool which can block the appendix and cause inflammation and bacterial overgrowth (Capriotti, 2020). He has been experiencing abdominal pain in the right lower quadrant but at times all over abdominal pain, constipation, and loss of appetite. He had a pelvic and abdominal CT scan done which revealed acute appendicitis with rupture. His WBC's and glucose levels were also elevated. The elevated WBCs are indicative of the body's immune response to fighting off a bacterial infection (Capriotti, 2020). A person who is not a diabetic, can experience an increase in glucose levels when they are sick, and the body is under stress (Capriotti, 2020). My patient came into the hospital on 9/7 and was diagnosed with acute appendicitis with rupture and had an appendectomy. In the hospital, following his surgery he was started on piperacillin to treat the infection and normal saline for hydration. His incision sites are being managed with a JP drain to promote wound healing. He was started on a liquid diet following surgery, then moved to mechanical soft on the afternoon of 9/15. Adding food to his diet enabled him to have a bowel movement.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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	4.4-5.8	5.24	5.20	
Hgb	12.0-15.8	15.8	15.5	
Hct	36.0-47.0	46.7	46.1	
Platelets	140-440	194	402	
WBC	4.0-12.0	15.9	12.4	Increased in my patient due to acute appendicitis with rupture which caused bacterial infection. The immune system responds by increases the number of WBC to fight the infection (Capriotti, 2020)
Neutrophils	40-60	87.4	n/a	Increased Neutrophils in my patient occurred due to the ruptured appendix, and presence of bacteria. Neutrophils are the first responders to fight off bacterial infections (Capriotti, 2020)
Lymphocytes	19-49	3	n/a	
Monocytes	3.0-13.0	8.6	n/a	
Eosinophils	0-8.0	0.4	n/a	
Bands	n/a	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-	134-144	134	134	
K+	3.5-5.1	4.24	3.99	
Cl-	98-107	99	94	Decreased chloride levels in my patient are likely due to reduced fluid and food intake from September 4th, NPO status for surgery and fluid loss from surgery (Capriotti, 2020).
CO2	21-31	23.8	27.5	
Glucose	70-99	113	88	Increased glucose levels in patients who are not diabetic, can occur from the body experiencing stress during illness. My patient with a ruptured appendix, bacterial infection and postop from appendectomy would be experiencing a stress response increasing his blood sugar (Capriotti, 2020).
BUN	7-25	23	11	
Creatinine	0.50-1.20	1.44	1.19	Impaired renal function, dehydration, urinary tract obstruction and cephalosporins can cause an increase in creatinine. (Pagana et al., 2022) My patient was taking piperacillin which has similarities like cephalosporins. He also has not eaten or been drinking much since he got sick on 9/4.
Albumin	3.5-5.7	n/a	n/a	
Calcium	8.6-10.3	8.1	8.4	Renal failure is a common reason for decreased calcium levels. (Pagana et al., 2022) There is not enough information to

				confirm renal or hepatic failure in my patient. Labs to check for hepatitis and metabolic panel were ordered the afternoon of 9/15 but hadn't been drawn while I was there.
Mag	1.6-2.6	n/a	n/a	
Phosphate	n/a	n/a	n/a	
Bilirubin		0.9	2.0	Some drugs such as antibiotics and morphine can cause increased bilirubin levels, as can hepatitis, surgical trauma, and inflammation (Pagana et al., 2022) My patient had acute appendicitis with rupture and an appendectomy. Additional lab tests including metabolic panel and to check for hepatitis were ordered but had not been drawn while I was still there.
Alk Phos		n/a	67	
AST		n/a	57	Medications such as antihypertensives can cause increased levels of AST (Pagana et al., 2022). My patient was getting labetalol IV push. Also due to his high levels of AST, ALT, Bilirubin and creatinine, additional labs including metabolic panel, and to check for hepatitis were ordered. A test to check for hepatitis and metabolic panel.
ALT		n/a	84	Medications such as ampicillin and cephalosporins can increase ALT. Cholestasis and hepatitis are also options that would increase ALT (Pagana et al., 2022). My patient was taking piperacillin which is in the same class as ampicillin and has similarities to

				cephalosporins. Also due to his high levels of AST, ALT, Bilirubin and creatinine, additional labs were ordered. A test to check for hepatitis and metabolic panel.
Amylase	n/a	n/a	n/a	
Lipase	n/a	n/a	n/a	
Lactic Acid	n/a	n/a	n/a	
Troponin	n/a	n/a	n/a	
CK-MB	n/a	n/a	n/a	
Total CK	n/a	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	n/a	n/a	n/a	
PT	n/a	n/a	n/a	
PTT	n/a	n/a	n/a	
D-Dimer	n/a	n/a	n/a	
BNP	n/a	n/a	n/a	
HDL	n/a	n/a	n/a	
LDL	n/a	n/a	n/a	
Cholesterol	n/a	n/a	n/a	
Triglycerides	n/a	n/a	n/a	
Hgb A1c	n/a	n/a	n/a	
TSH	n/a	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	Yellow / Clear		Amber Clear	Dark colored urine is caused by dehydration and can also be caused by infection. (Pagana et al., 2022). My patient has had difficulty urinating since 9/4, has appendicitis with rupture and has had loss of appetite since 9/4
pH	5-9		5	
Specific Gravity	1.003-1.03		1.031	
Glucose	Negative		1+	Possibly increased from taking piperacillin. Penicillin's and cephalosporins are closely related. Cephalosporins can increase glucose in urine (Pagana et al., 2022).
Protein	Negative		3+	Increased protein in urine can be indicative of renal failure, but also is a sign of dehydration or infection. Since my patient has not been eating or drinking much since 9/4 and has appendicitis with rupture, that is likely the cause of the protein in his urine (Pagana et al., 2022).
Ketones	Negative		3+	Ketones are present in urine when the body breaks down stored fat for energy and are commonly found in patients like mine who have appendicitis and are not eating (Capriotti, 2020).
WBC	0-5		3-5	
RBC	0-2		0-2	
Leukoesterase	Negative		neg	

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	n/a	n/a	
PaO2	n/a	n/a	n/a	
PaCO2	n/a	n/a	n/a	
HCO3	n/a	n/a	n/a	
SaO2	n/a	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. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Pagana, K. D., Pagana, T. J., Pagana, T. N., & Pagana, K. D. (2022). *Mosby's Manual of Diagnostic and Laboratory tests*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): On 9/7 my patient had a CT scan of the pelvis and abdomen without contrast which indicated acute appendicitis with rupture.

Diagnostic Test Correlation (5 points): My patient had been experiencing abdominal pain mostly in the RLQ that worsened with movement. One of the tests used to confirm diagnosis of appendicitis is a CT scan of the abdomen which can view abnormalities such as changes in size and shape, if there is a rupture, and fluid collection (Capriotti, 2020)

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

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

Home Medications (5 required)

Brand/Generic	testosterone cypionate Depo-testosterone (Hodgson, 2018, p. 1438-1441)	celecoxib Celebrex (Nurse's Drug handbook, 2020, p.219-221)	albuterol sulfate salbutamol sulphate (Nurse's Drug handbook, 2020, p.30-31)	N/A	N/A
Dose	300mg	200 mg (1 cap)	900mCg (2 puffs)		
Frequency	Maintenance Every 2 weeks	daily	Q6H PRN		
Route	IM	oral	inhalation		
Classification	Androgens	NSAID Analgesic, anti-inflammatory, antirheumatic	Adrenergic Bronchodilator		
Mechanism of Action	In androgen-deficient men it helps tissue develop normally	Inhibits enzyme activity to convert arachidonic acid to prostaglandins to reduce inflammatory response and relieve pain	Attaches to receptors on the bronchial cell membrane and stimulates intracellular enzyme to convert to ATP to relax bronchial smooth muscle cells		
Reason Client Taking	Improper functioning of testes	Pain relief	Treatment and prevention of bronchospasms (asthma treatment)		
Contraindications (2)	1. Contraindicated in men with prostate cancer. 2. Patients with hypercalcemia, cardiac, renal, or hepatic failure.	1. Allergic reaction to NSAIDS 2. Hypersensitivity to celecoxib	1. Hypersensitivity to albuterol 2. Interactions with drugs, beta blockers inhibit the effects of albuterol		
Side Effects/Adverse Reactions (2)	1. Headache 2. Cholestatic hepatitis	1. Hepatic failure 2. Renal failure	1. Hypotension 2. Pulmonary edema		
Nursing Considerations (2)	1. Use with high calorie, high protein diet 2. Monitor liver function	1. Avoid use in patients with recent MI 2. Use cautiously with patients with hx of GI bleed	1. Administer during second half of inspiration when airways are open wider 2. Use cautiously in patients with		

			hypertension		
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. "Confirm low testosterone levels on at least two mornings before initiating therapy." 2. "Monitor patients with risk factors such as obesity or chronic lung diseases." (Hodgson, 2018, p.1440)	1. Monitor labs including WBC, liver enzymes, BUN, and creatinine. 2. Assess skin regularly for rash and signs of hypersensitivity	1. Monitoring potassium levels to watch for hypokalemia 2. Assessing blood pressure in my patient since he is known to have hypertension		
Client Teaching needs (2)	1. Signs and symptoms of heart attack require medical attention right away. 2. Report sudden weight gain.	1. Swallow whole 2. Take exactly as prescribed	1. Wash mouthpiece and let it air dry once a week 2. Wait at least 1 minute between inhalations		

Hospital Medications (5 required)

Brand/Generic	ondansetron hydrochloride Zofran Nurse's Drug handbook, 2020, p. 915-917)	labetalol hydrochloride Normodyne Nurse's Drug handbook, 2020, p. 662-663)	piperacillin sodium-tazobactam sodium Zosyn (Hodgson, 2018, p. 1225-1228)	hydrocodone bitartrate-acetaminophen Norco (Hodgson, 2018, p. 734-737)	morphine sulfate Duramorph Nurse's Drug handbook, 2020, p. 828-832)
Dose	4mg	20mg	3.375 g	1 tab	2mg for mild pain 4 mg for moderate pain
Frequency	Q4H PRN	Q4H PRN	Q6H	Q4H PRN	Q2H PRN
Route	IV push injection	IV push injection	IV push injection	Oral	IV push injection
Classification	Selective serotonin	Noncardioselecti	Antibiotics	Opioid	Opioid analgesics

	receptor antagonist Antiemetic	ve beta-blocker Antihypertensive	 Extended spectrum penicillin's	analgesics	
Mechanism of Action	Blocks serotonin receptors to reduce nausea and vomiting	Blocks alpha1 and beta2 receptors to reduce blood pressure	Inhibits cell wall synthesis during bacterial multiplication	Inhibits synthesis of prostaglandins and binds to opiate receptors to block pain impulses	Binds and activates opioid receptors to produce analgesia and euphoria
Reason Client Taking	Nausea and vomiting due to appendicitis, recent appendectomy	Hypertension	Appendicitis with rupture, to kill the bacteria	Moderate pain when patient rates pain a 4-6 out of 10, on a pain scale of 0-10	Lower dose given for mild pain when patient rates pain 1-3 out of 10 on a pain scale of 0-10 or has a fever. Higher dose given when patient has moderate pain, rating 4-6 out of 10 on the pain scale of 0-10
Contraindications (2)	1. Hypersensitivity to ondansetron 2. Long QT syndrome	1. Asthma 2. Heart failure	1. Hypersensitivity to the drug or component of the drug 2. Use cautiously in patients with allergies to other drugs (cephalosporins) because of cross sensitivity	1. Use caution in patients' wit hx of respiratory depression 2. Acetaminophen has been associated with acute liver failure	1. Acute or severe bronchial asthma in unmonitored setting 2. Heart failure caused by chronic lung disease
Side Effects/Adverse Reactions (2)	1. Hypotension 2. Bronchospasms	1. Heart failure 2. Hepatitis	1. Diarrhea 2. nausea	1. Hepatitis 2. Respiratory depression	1. Asthma exacerbation 2. Respiratory depression
Nursing Considerations (2)	1. For postoperative treatment, administer undiluted IM or IV 2. Monitor for	1. Keep patient supine for 3 hours after IV administration	1. Prolonged use, or large doses given may cause bacterial superinfection to	1. Monitor vital signs, pain, and respiratory status especiall	1. Extreme caution should be used in patients with asthma 2. Make sure oxygen delivery and respiration are available prior to

	s/s of hypersensitivity which can include anaphylaxis and bronchospasms	2. Monitor blood pressure per facility policy	occur 2. Serious skin reactions can occur	y when given post operatively 2. Constipation is common and should be treated aggressively	administering
Key Nursing Assessment(s)/Lab(s) Prior to Administration	1. Monitor for decreased bowel activity	1. Check blood pressure before administering and monitor according to facility policy	1. Assess skin for rashes which can indicate hypersensitivity and allergic reaction 2. Monitor sodium intake and electrolyte levels	1. Having asthma, my patient should be monitored closely for respiratory depression 2. He also has had constipation and that is a common side effect of this medication	1. Monitoring my patient's oxygen level/02 saturation and lung sounds before and after administering morphine since he has asthma 2. Checking to make sure oxygen is readily available if needed
Client Teaching needs (2)	1. Report any s/s of hypersensitivity immediately 2. Seek immediate medical treatment if symptoms persist or get worse	1. Report confusion, difficulty breathing, swelling in arms and legs 2. Avoid sudden changes of position	1. Report adverse reactions immediately 2. Report pain and discomfort at the injection site	1. Take before pain becomes severe 2. Report difficulty breathing right away	1. Change positions slowly to avoid orthostatic hypotension 2. Notify provider of worsening pain

		to minimize effects of orthostatic hypotension			

Medications Reference (1) (APA):

Hodgson, B. B. (2018). *Nursing Drug Handbook, 2018*. Wolters Kluwer.

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place, and time. Patient is well groomed and does not appear to be in any distress.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** **Drains present: Y☒ N ☐** **Type: Jackson Pratt (Jp drain)**	Tan, dry, and warm skin Skin turgor good, returned to normal immediately He has a small bruise on the inside of his right arm, light bruising around his incision sites Braden Score: 20 – I deducted for mobility, activity, and nutrition. He was moved to mechanical soft in the afternoon and did eat all of it. He needs to work on ambulating more frequently.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is without deviation. No lymphadenopathy noted or palpated, thyroid is non palpable. Ears are symmetrical, and pink without any drainage, no hearing deficit. Sclera is white, conjunctiva is pink with no draining and EOMs symmetrical. Dentition is good. .
CARDIOVASCULAR (2 points):	Clear S1 & S2 heart sounds, no audible murmur,

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:**	gallop, or rubs noted. Pulse is 2+ throughout bilaterally Cap refill is less than 3 seconds No JVD or edema noted, or palpated
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds are even, regular and nonlabored bilaterally, without crackles, wheezing or rhonchi.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	At home this patient eats 1-2 meals per day consisting of mostly processed, fatty foods (fast food or sit-down restaurants). Full liquid in the morning, switched to mechanical soft around 1300 on 9/15 5'9" 210lbs Bowel sounds normoactive Patient had a bowel movement in the afternoon on 9/15 Abdomen is soft, tender around incision sites, (RLQ) and drain site. Slight distention noted Umbilicus and RLQ from appendectomy JP drain present No additional wounds 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:**	Amber in color clear patient reported difficulty urinating, only going in small amounts.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:**	Normal Full ROM in all extremities bilaterally No assistive devices other than eyeglasses

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☐**	5/5 bilaterally in upper and lower extremities. Fall score 20 – I'm giving him a 20 since he has an IV for fluids. Once the fluids are discontinued his fall score will improve even more. He is otherwise ambulating independently, ad lib, and is not requiring any assistance or support.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	PERLA bilaterally 5/5 strength bilaterally in all extremities Oriented to person, place, time, and situation Normal speech and sensory response in fingers and toes. Clear cognition and alert
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):**	Patient does not belong to or have any specific religious beliefs. He is divorced, has an adult daughter and son for his support system. He also still has his father and 5 siblings living. He stated, "I pretty much keep to myself." He can rely on his family when he needs to.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1445	86 right radial	149/75 Right arm	18	98.7F oral	94% room air
1645	86 right radial	134/80 Right arm	16	98.5F oral	93% room air

Vital Sign Trends: His vital signs were stable, blood pressure slightly elevated but normal for him since he is hypertensive.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1445	1/10 numeric	abdomen	2/10	Dull and achy	Encouraged him to change from laying down to sitting upright
1645	1/10 numeric	abdomen	2/10	Dull and achy	Encouraged him to change positions to relieve pain and to notify me if pain became worse.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	20g
Location of IV:	Left forearm- saline lock
Date on IV:	9/7/21
Patency of IV:	Patent (flushed well at 1445)
Signs of erythema, drainage, etc.:	Absent of signs of erythema, drainage
IV dressing assessment:	Clean, dry, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
PO intake 720mL water and soda 100% food (mashed potatoes and gravy, macaroni and cheese)	2x urination unmeasured 10mL emptied from JP drain

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was awake all afternoon. He transitioned from a full liquid diet to mechanical soft as of 1300. The goal for the day was to have him eat lunch, ambulate, and have a bowel movement since he had not had one since 9/4. He did eat all his lunch, he ambulated in the hallway and was able to have a medium bowel movement.

Procedures/testing done: No procedures were scheduled during my shift

Complaints/Issues: Patient was tired, but otherwise comfortable, experiencing 2/10 pain today. He was happy to have been able to eat and confirmed that the bowel movement alleviated his discomfort somewhat. He has no complaints or issues.

Vital signs (stable/unstable): His vital signs were stable, blood pressure slightly elevated but normal for him since he is hypertensive.

Tolerating diet, activity, etc.: He ambulated during my shift, ate all his lunch, and tolerated both well.

Physician notifications: No physician notification. The physician rounded on my patient and ordered some additional labs for hepatitis and a metabolic panel due to his liver enzymes being elevated, but the labs were not drawn while I was there.

Future plans for patient: Increase ambulation, eating and bowel movements. No discharge date currently.

Discharge Planning (2 points) Patient will discharge home, no date given at this time.

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up with surgeon and primary care physician

Education needs: Take any medications prescribed as directed and until they are gone, increase activity as tolerated, use incentive spirometer, clean wounds as directed, report increased drainage, redness, warmth (signs of infection), obtain adequate nutrition and hydration.

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. Impaired skin integrity related to appendectomy as evidenced by surgical incisions	Impaired skin integrity increases the risk of postoperative infection	Clean and monitor the incisions daily. Look for redness, warmth, oozing and/ or swelling which indicate presence of infection. Hold a pillow over abdomen when coughing to help prevent incisions from opening and change positions slowly.	Goal met- JP drainage site was cleaned, assessed, and redressed during my shift. Surgical sites were also assessed, and all were absent of warmth, redness, swelling, or drainage Goal met- JP drainage site was cleaned, assessed, and redressed during my shift. Surgical sites were also assessed, and all were absent of warmth, redness, swelling or drainage
2. Deficient fluid volume as evidenced by inadequate food and fluid intake, as	My patient has been sick since 9/4 and hasn't had much of an appetite. His urine is	Assess vital signs and skin turgor for signs of dehydration Monitor fluid intake and output	Goal met- with my assessment I confirmed normal elasticity of skin. Vitals were checked twice and stable both times.

evidenced by concentrated urine	concentrated (Amber in color)		Fluid intake and output was monitored throughout the shift, and ice water was always kept at the bedside
3. Acute pain related to appendectomy as evidenced by dull, achy pain in the abdomen	My patient is postop from appendectomy which causes acute pain that impairs his ability to heal and be comfortable	Assess quality, location, severity, and duration of pain to determine discomfort level Provide analgesics as prescribed and reassess	Goal met- with each assessment pain was assessed and patient reported dull, achy pain at a pain level of 2/10 after having pain meds
4. Deficient knowledge related to imbalanced diet as evidenced by constipation and calcified stools	Adequate nutrition is important to prevent blockage, constipation and help my patient heal after surgery	Educate patient on the importance of proper nutrition including higher protein for optimal recovery Educate patient on the importance of increasing fiber intake to reduce the risk of calcified stools and constipation	Goal not met – I was unable to discuss in much detail the importance of increased protein aiding in the healing process Goal not met- was not able to discuss in much detail with the patient the importance of incorporating more fiber in his diet to prevent constipation.

Other References (APA):

Swearingen, P. L. (2019). *All-in-one nursing care planning resource*. Elsevier.

Concept Map (20 Points):

Subjective Data

"I haven't eaten much or had a bowel movement since a week ago Saturday"
"I drink maybe 1-2 long island's a month, if that"
"Usually, I eat 1-2 meals a day and just grab something on the way to or from work"

Objective Data

Increased WBC, Neutrophils, Glucose, Ketones, Protein, Creatinine, AST/ALT, Bilirubin
Decreased Calcium and Chloride
3 abdominal incisions and a JP drain
VS – Pulse 86 right radial, BP 134/80 Right arm, Resp 16, Temp 98.5F oral,O2 sat. 93% room air

Patient Information

Bw is a 57-year-old Caucasian male who has a hx of HTN and asthma. He presented to Union Hospital on 9/7 and was diagnosed with acute appendicitis with rupture. His appendectomy was done on 9/7.

Nursing Diagnosis

ired skin integrity related to appendectomy as evidenced by surgical incisions
Out ome: Patient's surgical sites and drain site will remain free from redness, warmth, and swelling.
2. Deficient fluid volume as evidenced by inadequate food and fluid intake, as evidenced by concentrated urine
Outcome: Patient will continue to increase fluid intake while in the hospital
3. Acute pain related to appendectomy as evidenced by dull, achy pain in the abdomen
Outcome: Patient's pain perception will not go above 2/10 while he is in the hospital
4. Deficient knowledge related to imbalanced diet as evidenced by constipation and calcified stools
Outcome: Patient will increase caloric intake, protein, and fiber while in the hospital

Nursing Interventions

1.Clean and monitor the incisions daily. Look for redness, warmth, oozing and/or swelling which indicate presence of infection.
2. Hold a pillow over abdomen when coughing to help prevent incisions from opening and change positions slowly.
1. Assess vital signs and skin turgor for signs of dehydration
2. Monitor fluid intake and output
1. Assess quality, location, severity, and duration of pain to determine discomfort level
2. Provide analgesics as prescribed and reassess
1. Educate patient on the importance of proper nutrition including higher protein for optimal recovery
2. Educate patient on the importance of increasing fiber intake to reduce the risk of calcified stools and constipation