

N321 Care Plan #1  
Lakeview College of Nursing  
Whitney Simlin

**Demographics (3 points)**

<b>Date of Admission</b> 8/29/21	<b>Patient Initials</b> J.T.	<b>Age</b> 50 years old	<b>Gender</b> Female
<b>Race/Ethnicity</b> White/ Black	<b>Occupation</b> Not employed	<b>Marital Status</b> Single	<b>Allergies</b> Dilantin
<b>Code Status</b> Full	<b>Height</b> 5'7"	<b>Weight</b> 170. 11 lb	

**Medical History (5 Points)**

**Past Medical History:** Urethral stone, Gerd, Diabetes insipidus, Tracheostomy, Hydrocephalus

**Past Surgical History:** Ureter Stent placement 5/3/21, Cystoscopic calculus removal 9/2/21

**Family History:** No known family history. The client was unable to answer questions.

**Social History (tobacco/alcohol/drugs):** No tobacco, alcohol, or recreational drug use.

**Assistive Devices:** Wheelchair

**Living Situation:** Long term care facility

**Education Level:** Highschool

**Admission Assessment**

**Chief Complaint (2 points):** Increased Frequency of Urination

**History of present Illness (10 points):** On August 29, 2021 the patient was admitted to Carle Foundation Hospital for increased frequency of urination. Upon observation, smelly and cloudiness was noted by the emergency room registered nurse. Her illness is moderate to severe. There are no known aggravating factors. There are no known relieving factors. She is currently being treated at Carle Foundation Hospital with prescribed medication. Because the patient is nonverbal, several assumptions are made in regards to the patients pain level.

**Primary Diagnosis**

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

**Secondary Diagnosis (if applicable):**

**Pathophysiology of the Disease, APA format (20 points):** Urinary Tract Infection is an infection in your urinary system (Capriotti & Frizzell, 2015). A urinary tract infection can be in your ureters, bladder, kidneys, or urethra. The most common etiology of UTI is *Escherichia coli* (Capriotti & Frizzell, 2015). Other forms of irritants to the urinary system are streptococci and proteus (Capriotti & Frizzell, 2015). The patient has a history of UTI's and wears Depends which allows stool to enter urinary system regularly.

Risk factors for UTI's are improper perineal hygiene restrictive clothing (Capriotti & Frizzell, 2015). From J.T.'s chart, we know she has worn restrictive clothing (Depends) for 25 + years. We are unaware of improper perineal hygiene but are aware that she's had several caretakers over the years.

Symptoms of UTI's include frequency, pain and burning on urination (dysuria), urgency, and occasional hematuria (Martini et al., 2018). Because the patient is unable to communicate, the only symptom we are aware of is the frequency of urination.

Some physical findings found in UTI's are foul smelling, cloudy urine and in severe cases, we see bladder spasms (Martini et al., 2018). The patient's urine was foul smelling and cloudy when analyzed. Since bladder spasms are usually subjective, we weren't able to determine if the patient was experiencing them.

Urinalysis and urine cultures are used to diagnose UTI's (Capriotti & Frizzell, 2015). A urinalysis uses a dipstick to show red blood cells (RBC's), positive leukocyte esterase (WBC's), and nitrates(bacteria). A urine culture shows an infection indicated by a colony of bacteria greater than  $10^5$  mL (Capriotti & Frizzell, 2015).

Forms of treatment for UTI's are usually antibiotics (Martini et al., 2018). The appropriate antibiotic can be determined by culture and sensitivity testing (Martini et al., 2018). Nitrofurantoin is an antibiotic that is commonly used to treat UTI's and the patient was prescribed this medication until the UTI cleared up. Hydration helps accentuate the clearance of bacteriuria (Capriotti & Frizzell, 2015).

### Pathophysiology References (2) (APA):

Capriotti, T.M., & Frizzell, J.P., "Pathophysiology: Introductory Concepts and Clinical Perspectives" (2015).

Martini, F., Ober, C. E., Welch, K., & Hutchings, R. T. "Visual Anatomy & Physiology" (2018)

### 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	Male 4.7-6.1 Female 4.2-5.4	n/a	4.7	
Hgb	Male: 14-18 g/dL	n/a	12.2	

	<b>Female:12-16 g/dL</b>			
<b>Hct</b>	<b>Male:40-52% Female:36-47%</b>	<b>n/a</b>	<b>41%</b>	
<b>Platelets</b>	<b>150-400 x 10<sup>9</sup>L</b>	<b>n/a</b>	<b>270</b>	
<b>WBC</b>	<b>5-10x 10<sup>9</sup>/L</b>	<b>n/a</b>	<b>8.0</b>	
<b>Neutrophils</b>	<b>55-70</b>	<b>n/a</b>	<b>62</b>	
<b>Lymphocytes</b>	<b>20-40</b>	<b>n/a</b>	<b>26.7%</b>	
<b>Monocytes</b>	<b>2-8</b>	<b>n/a</b>	<b>8%</b>	
<b>Eosinophils</b>	<b>1-4</b>	<b>n/a</b>	<b>2%</b>	
<b>Bands</b>	<b>0.5-1</b>	<b>n/a</b>	<b>0.7</b>	

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

<b>Lab</b>	<b>Normal Range</b>	<b>Admission Value</b>	<b>Today's Value</b>	<b>Reason For Abnormal</b>
<b>Na-</b>	<b>136-145 mEq/L</b>	<b>n/a</b>	<b>143</b>	
<b>K+</b>	<b>3.5-5 mEq/L</b>	<b>n/a</b>	<b>4.0</b>	
<b>Cl-</b>	<b>98-106 m/Eq/L</b>	<b>n/a</b>	<b>99</b>	
<b>CO2</b>	<b>23-30 mEq/L</b>	<b>n/a</b>	<b>27.0 mg/dL</b>	
<b>Glucose</b>	<b>74-106 mEq/L</b>	<b>n/a</b>	<b>80</b>	
<b>BUN</b>	<b>10-20 mEq/L</b>	<b>n/a</b>	<b>15</b>	
<b>Creatinine</b>	<b>0.5-1.1 mEq/L</b>	<b>n/a</b>	<b>0.45</b>	
<b>Albumin</b>	<b>3.5-5 g/dL</b>	<b>n/a</b>	<b>3.7</b>	
<b>Calcium</b>	<b>9-10.5 mg/dL</b>	<b>n/a</b>	<b>9.0 mg</b>	
<b>Mag</b>	<b>1.3-2.1 mEq/dL</b>	<b>n/a</b>	<b>2.1 mg/dL</b>	

<b>Phosphate</b>	<b>3-4.5 mg/dL</b>	<b>n/a</b>	<b>3.5 mg/dL</b>	
<b>Bilirubin</b>	<b>0.3-1 mg/dL</b>	<b>n/a</b>	<b>0.4 mg</b>	
<b>Alk Phos</b>	<b>30-120 U/L</b>	<b>n/a</b>	<b>57</b>	
<b>AST</b>	<b>8-33 U/L</b>	<b>n/a</b>	<b>11</b>	
<b>ALT</b>	<b>7-55 U/L</b>	<b>n/a</b>	<b>9</b>	
<b>Amylase</b>	<b>40-140 U/L</b>	<b>n/a</b>	<b>n/a</b>	
<b>Lipase</b>	<b>10-140 U/L</b>	<b>n/a</b>	<b>n/a</b>	
<b>Lactic Acid</b>	<b>4.5-19.8 mg/dL</b>	<b>n/a</b>	<b>n/a</b>	

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

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>INR</b>	<b>&lt; 1.1</b>		<b>n/a</b>	
<b>PT</b>	<b>11-13.5</b>		<b>n/a</b>	
<b>PTT</b>	<b>25-35</b>		<b>n/a</b>	
<b>D-Dimer</b>	<b>&lt;250</b>		<b>n/a</b>	
<b>BNP</b>	<b>&lt;100</b>		<b>n/a</b>	
<b>HDL</b>	<b>60&gt;</b>		<b>n/a</b>	
<b>LDL</b>	<b>&lt;100</b>		<b>n/a</b>	
<b>Cholesterol</b>	<b>&lt;130 mg/dL</b>		<b>n/a</b>	
<b>Triglycerides</b>	<b>&lt;150 mg/dL</b>		<b>n/a</b>	
<b>Hgb A1c</b>	<b>4-5.6</b>	<b>n/a</b>	<b>n/a</b>	
<b>TSH</b>	<b>0.5-5.0</b>	<b>n/a</b>	<b>n/a</b>	

	mIU/L			
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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	Clear, Amber/Yellow	n/a	n/a	
pH	4.6- 8.0	n/a	n/a	
Specific Gravity	1.005-1.030	n/a	n/a	
Glucose	50-300 mg/day	n/a	n/a	
Protein	0-8 mg/dL	n/a	n/a	
Ketones	negative	n/a	n/a	
WBC	0-4 per low-power field Negative for cast	n/a	n/a	
RBC	Less than or equal to 2 Negative for cast	n/a	n/a	
Leukoesterase	negative	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	Negative: less than 10,000 per mm of U	n/a	n/a	

	<b>Positive: greater than 100,000 per mm of U</b>			
<b>Blood Culture</b>	<b>Negative</b>	<b>n/a</b>	<b>n/a</b>	
<b>Sputum Culture</b>	<b>Normal Upper RT</b>	<b>n/a</b>	<b>n/a</b>	
<b>Stool Culture</b>	<b>Normal intestinal flora</b>	<b>n/a</b>	<b>n/a</b>	

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

**Chernecky, C. C., & Berger, B. J. (2008). *Laboratory tests and diagnostic procedures*. St. Louis, MO: Saunders Elsevier.**

**Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2020). *Mosby's diagnostic and laboratory test reference*. St. Louis, MO: Elsevier.**

**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 different medications must be completed\***

**Home Medications (5 required)**

<b>Brand/Generic</b>	<b>Tylenol/ acetaminophen</b>	<b>Tums/ Calcium carbonate</b>	<b>cholecalciferol</b>	<b>Ferrous sulfate</b>	<b>guaifenesin</b>
<b>Dose</b>	<b>650 mg/ 20.3 mL</b>	<b>400 mg</b>			
<b>Frequency</b>	<b>Every 6 hours</b>	<b>Every 6 hours</b>			
<b>Route</b>	<b>Gastric tube</b>	<b>Gastric tube</b>			
<b>Classification</b>	<b>Pain relief</b>	<b>Antacids</b>			
<b>Mechanism of Action</b>	<b>Reduce production of prostaglandins</b>	<b>Inhibit pepsin</b>			
<b>Reason Client Taking</b>	<b>Pain</b>	<b>Indigestion</b>			

<b>Contraindications (2)</b>	<b>Liver problems, severe renal impairment</b>	<b>Dehydration, constipation</b>			
<b>Side Effects/Adverse Reactions (2)</b>	<b>Nausea, stomach pain</b>	<b>Gas, burping</b>			
<b>Nursing Considerations (2)</b>	<b>Temporary use only, may cause hepatic damage</b>	<b>May cause cardiac arrest or dysrhythmias</b>			

**Hospital Medications (5 required)**

<b>Brand/Generic</b>	<b>heparin</b>	<b>hydrolazine</b>	<b>hydrocortisone</b>	<b>ondansetron</b>	<b>prochlorperazine</b>
<b>Dose</b>					
<b>Frequency</b>					
<b>Route</b>					
<b>Classification</b>					
<b>Mechanism of Action</b>					
<b>Reason Client Taking</b>					
<b>Contraindication</b>					

s (2)					
Side Effects/Adverse Reactions (2)					
Nursing Considerations (2)					

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

**Assessment**

**Physical Exam (18 points)**

<b>GENERAL (1 point):</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	<b>A&amp;O x 0- unable to assess</b> <b>Unable to assess</b> <b>No signs of distress</b> <b>Lethargic, clean and well kept</b>
<b>INTEGUMENTARY (2 points):</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b>	<b>Pale</b> <b>Abnormal</b> <b>Cool</b> <b>Abnormal skin turgor- slow</b> <b>No rashes</b> <b>Scattered bruises</b>

<p><b>Wounds:</b> .</p> <p><b>Braden Score:</b></p> <p><b>Drains present:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Type:</b></p>	<p><b>2 deep tissue injuries on feet, pressure injury on left ear, stage II pressure injury on coccyx</b></p>
<p><b>HEENT (1 point):</b></p> <p><b>Head/Neck:</b></p> <p><b>Ears:</b></p> <p><b>Eyes:</b></p> <p><b>Nose:</b></p> <p><b>Teeth:</b></p>	<p>Not normal, trach/stoma</p> <p><b>Unable to access</b></p> <p><b>Tearing in both eyes- small drainage</b></p> <p><b>Normal nose</b></p> <p><b>Teeth/ decay- carries( missing teeth)</b></p>
<p><b>CARDIOVASCULAR (2 points):</b></p> <p><b>Heart sounds:</b></p> <p><b>S1, S2, S3, S4, murmur etc.</b></p> <p><b>Cardiac rhythm (if applicable):</b></p> <p><b>Peripheral Pulses:</b></p> <p><b>Capillary refill:</b></p> <p><b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Edema</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Location of Edema:</b></p>	<p><b>Clear S1 and S2, S3 and S4 are not present</b></p> <p>Normal radial pulses</p> <p>&lt;3 seconds</p> <p>No neck vein distention</p> <p>Y, generalized edema (2+) L and R hands</p> <p>L and R arms, L and R feet, L and R legs</p>
<p><b>RESPIRATORY (2 points):</b></p> <p><b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Breath Sounds: Location, character</b></p>	<p><b>No accessory muscle use</b></p> <p><b>Abnormal breathing/ brady</b></p> <p><b>Diminished breath sounds</b></p>
<p><b>GASTROINTESTINAL (2 points):</b></p> <p><b>Diet at home:</b></p> <p><b>Current Diet</b></p> <p><b>Height:</b></p> <p><b>Weight:</b></p> <p><b>Auscultation Bowel sounds:</b></p> <p><b>Last BM:</b></p> <p><b>Palpation: Pain, Mass etc.:</b></p> <p><b>Inspection:</b></p> <p><b>Distention:</b></p> <p><b>Incisions:</b></p> <p><b>Scars:</b></p> <p><b>Drains:</b></p> <p><b>Wounds:</b></p> <p><b>Ostomy:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Nasogastric:</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Size:</b></p> <p><b>Feeding tubes/PEG tube</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Type:</b></p>	<p><b>NPO- tube feeds</b></p> <p><b>5'7</b></p> <p><b>170 lbs</b></p> <p><b>Normal</b></p> <p><b>Today</b></p> <p><b>No Masses, Unable to assess for pain</b></p> <p><b>No distention</b></p> <p><b>No incisions</b></p> <p><b>No scars</b></p> <p><b>No drains</b></p> <p><b>No wounds</b></p> <p><b>No ostomy</b></p> <p><b>No nasogastric</b></p> <p><b>Peg tube is present</b></p>

<p><b>GENITOURINARY (2 Points):</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Dialysis:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Inspection of genitals:</b>  <b>Catheter:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Type:</b>  <b>Size:</b></p>	<p><b>Yellow</b>  <b>Clear</b>  <b>250 cc</b>  <b>Unable to assess</b>  <b>No</b>  <b>No</b>  <b>Yes</b>  <b>Urinary Catheter</b>  <b>Unknown</b></p>
<p><b>MUSCULOSKELETAL (2 points):</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Risk:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib)</b> <input type="checkbox"/>  <b>Needs assistance with equipment</b> <input type="checkbox"/>  <b>Needs support to stand and walk</b> <input type="checkbox"/></p>	<p><b>Bed bound</b>  <b>No ROM</b>  <b>No supportive devices</b>  <b>No strength</b>  <b>No ADL assistance</b>  <b>Low fall risk, 0</b>  <b>No activity, Immobile</b>  <b>No</b>  <b>No</b>  <b>No</b></p>
<p><b>NEUROLOGICAL (2 points):</b>  <b>MAEW:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>PERLA:</b> Y <input type="checkbox"/> N <input type="checkbox"/>  <b>Strength Equal:</b> Y <input type="checkbox"/> N <input type="checkbox"/> if no -  <b>Legs</b> <input type="checkbox"/> <b>Arms</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b>  <b>Sensory:</b>  <b>LOC:</b></p>	<p><b>No. no response to stimuli</b>  <b>Yes</b>    <b>No. Unequal strength in both arms and legs</b>    <b>Disoriented x 4</b>  <b>n/a</b>  <b>trached/ unable to speak</b>  <b>lethargic</b></p>
<p><b>PSYCHOSOCIAL/CULTURAL (2 points):</b>  <b>Coping method(s):</b>  <b>Developmental level:</b>  <b>Religion &amp; what it means to pt.:</b>  <b>Personal/Family Data (Think about home environment, family structure, and available family support):</b></p>	<p><b>Unable to access coping methods and developmental levels</b>  <b>n/a</b>  <b>Mom is POA. Pt lived int a group home for 25+ years</b></p>

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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<b>0726</b>	<b>43</b>	<b>148/81</b>	<b>16</b>	<b>98.1</b>	<b>100</b>
1110	51	125/76	18	96.5	100

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
n/a	n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a	n/a

**IV Assessment (2 Points)**

<b>IV Assessment</b>	<b>Fluid Type/Rate or Saline Lock</b>
<b>Size of IV:</b>	n/a
<b>Location of IV:</b>	n/a
<b>Date on IV:</b>	n/a
<b>Patency of IV:</b>	n/a
<b>Signs of erythema, drainage, etc.:</b>	n/a
<b>IV dressing assessment:</b>	n/a

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
n/a	n/a

**Nursing Care**

**Summary of Care (2 points)**

**Overview of care: The patient was treated for the UTI and sepsis. Both infections are being managed according the provider’s order.**

**Procedures/testing done: upper extremity imaging- x-ray shows bilateral effusions and air space densities**

**Complaints/Issues: Sepsis**

**Vital signs (stable/unstable): Stable**

**Tolerating diet, activity, etc.: tolerating diet and activity**

**Physician notifications: n/a**

**Future plans for patient: patient will be discharged to long term care facility**

**after treatment**

**Discharge Planning (2 points)**

**Discharge location: n/a**

**Home health needs (if applicable): total care**

**Equipment needs (if applicable): medical bed**

**Follow up plan: n/a**

**Education needs: n/a**

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Intervention (2 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
<p><b>1. Skin impairment related to immobility as evidenced</b></p>	<p>The patient has a stage II pressure injury on her coccyx.</p>	<p>1. Wound consult 2. Nurse should assess daily to make sure the wound isn’t worse</p>	<p>Patient is non- verbal. The family’s response in unknown. Because the patient is non- verbal, the medical staff has to do what they</p>

<p>by stage II pressure injury on coccyx.</p>			<p>deem best for the patient.</p>
<p>2. Aspiration related to cognitive impairment as evidenced by tube feedings</p>	<p>The patient is being fed with tube feedings for nourishment</p>	<p>1. Nurse should always make sure the patient is in fowlers or high fowlers during feedings  2. Patient should be assessed for aspiration frequently</p>	<p>The family's response is unknown and the patient is non- verbal. The medical staff has to do what they deem best for the patient.</p>
<p>3. Risk for ineffective Health Maintenance related to need for long-term pressure management as evidenced by the need for Q2 repositioning.</p>	<p>The patient is bed bound and does not move. Therefore, the patient will need to be repositioned every 2 hours to prevent pressure injuries.</p>	<p>1. Nurse should pad bony prominences  2. Nurse should turn patient every 2 hours to prevent pressure injuries</p>	<p>The family's response is unknown and the patient is non- verbal. The medical staff has to do what they deem best for the patient.</p>

**Other References (APA):**

**Concept Map (20 Points):**

### Subjective Data

Pt's chief complaint was frequent urination. She was diagnosed with a Urinary Tract Infection.

Vitals:

BP: 148/81  
RR: 16  
Temp: 98.1  
SpO2%: 100  
Pulse: 65

RR: 16 - verbal.

### Objective Data

Temp: 98.1  
SpO2%: 100  
Pulse: 65

### Nursing Diagnosis/Outcomes

1. Skin impairment related to immobility as evidenced by stage II pressure injury on coccyx.  
Goal: Clients pressure injury will heal because of adequate wound care.
2. Aspiration related to cognitive impairment as evidenced by tube feedings.  
Goal: Client will sit in fowlers or semi fowlers whenever she is receiving tube feedings to prevent aspiration
3. Risk for Ineffective Health Maintenance related to the need for long term pressure management as evidenced by the need for Q2 repositioning.  
Goal: Client will be repositioned every 2 hours and have foam prophylaxes padded to prevent pressure injuries from occurring.

### Patient Information

50 yr. old  
Female  
UW

### Nursing Interventions

1. Reposition client in fowlers or semi fowlers whenever she is receiving tube feedings
2. Physical therapy 3x week
3. Massage therapy 2x week





