Medications

1)Vancomycin (Vancocin) 540ml IVPB/daily is an antibiotic use to treat UTI. NI: Monitor for serum level in the blood.
2)Furosemide (Lasix), 40 mg oral, /daily to treat fluid overload. Loop diuretic. NI: Monitor weight, electrolytes, and allergies.
3)Amiodarone (Cordarone) 200 mg oral/daily. Antiarrhythmic is used to treat A-fib. NI: Check the ICD, chest x-ray, lung function, and EKG.
4)Aspirin (Acetylsalicylic) 81 mg oral/daily. Anti-platelet aggregation uses to prevent clots. NI: assess for signs of bleeding.
5)Potassium chloride extended release, 40 mEq oral/daily. Electrolyte replacement to treat potassium deficiency. Monitor serum potassium (Jones & Bartlett, 2020).

Lab Values/Diagnostics

Calcium 8.7 NV:8.6-10mg/dl. CHF & Lasix

AST: 146 NV:10-30U/L. Liver issues.

ALT: 61 NV:10-40U/L. Liver issues.

Mg:1.5 NV:1.3-2.3mEq/L. CHF & Lasix.

PT: 41.4 NV:9.6-11.8sec. IM, A-fib, med.

INR:4.3 NV:2-3. IM, A-fib& blood thinner.

RBC: 3.58 NV:4.5-6M. CHF & Lasix.

Hgb:11.0 NV:14-16g/dl. CHF & Lasix.

Hct:34.9 NV:35-47%. CHF & Lasix.

Blood culture: staphylococcus methicillin resistant

Urine culture: E. coli.

CT scan of the head: negative (Hinkle & Cheever, 2018).

Demographic Data

Date of Admission: 09/12/21

Admission Diagnosis: Urinary tract infection/Chief Complaint: Altered mental status/

Age: 67 years old.

Gender: M

Race/Ethnicity: Caucasian

Allergies: NKA

Code Status: Full code

Admission History

On 09/12th, a 67 Caucasian divorced male was brought to the ER by EMS for altered mental status from the nursing home. The client was found unresponsible, hypotensive with decreased O2. He was weak and appeared confused. The client has had many episodes of MI and repetitive incontinence. The client was on a non-rebreather 2 mg bolus and 3 nebulizers. He was intubated in the ICU and admitted to floor 8th on 09/8.

Medical History

Previous Medical History: CHF, CAD, A-fib, MI, cardiomyopathy, asthma, arthritis, glaucoma, borderline, macular edema, HTN, hyperlipidemia, morbid obesity BM of 70, gastroesophageal reflux, iritis, and sleep apnea syndrome.
Prior Hospitalizations: 07/09/21 IM & cardiomyopathy. 03/06/21 GI hemorrhage.
Previous Surgical History: removal of gallbladder, retinal detachment, left heart catheterized, coronary artery bypass graft, colonoscopy, and cataract removal.
Social History: Hx of tobacco.

Pathophysiology

Disease process: Urinary tract infection is an infection that is present in the urinary system, which affects kidneys, ureters, bladder, and urethra. This infection primarily affects the lower tract if travel to kidneys can cause sepsis. Most UTIs are caused by *Escherichia coli,* which generally live in the digestive tract without causing any problem unless the immune system is compromised (Capriotti, 2020).
S/S of disease: Symptoms of the UTI including dark, cloudy, full-smelling urine, suprapubic pain, fever, burning sensation during urination, flank pain, and so on (Capriotti, 2020).
Method of Diagnosis: Blood test and blood culture, to find the microbe and culture sensitivity to find the right antibiotic needed to kill those pathogens (Capriotti, 2020). Urine culture is done.
Treatment of disease: Antibiotics depend on the sensitivity of the microbe. The client is under vancomycin (Capriotti, 2020).

Active Orders

Vancomycin: Client is admitted for UTI

Furosemide: The patient has fluid overload and edema of the lower extremities.

Physical Exam/Assessment

General: The client appears alert and oriented to person, time, and place. Well-groomed, no acute distress. He speaks English well and has a hard time talking due to SOB.

Integument: Braden score: 12. The client has fluid accumulation in the lower extremities, bruises, a sacral wound, an abscess on the left leg due to poor circulation and immobility.
HEENT: The client leans more on the right side.

Cardiovascular: Diminish heart sound. The pulse is not palpable in the lower left leg. Limited to perform JVD due to morbidity obesity. Edemas on the lower extremities.

Respiratory: The patient has shortness of breath due to respiratory failure, sleep apnea, and asthma; respiration is labor. He is total oxygen dependent.

Genitourinary: The patient has a chronic foley catheter due to repetitive incontinence,

Musculoskeletal: Fall score: 55 and high fall risk. The client has ROM impairment, cannot fully lift the right arm, needs assistance with ADL, is bed dependent, limits mobility due to morbidity obese, depend on others, and is Hoyer lift dependent. The client complains of weakness due to lack of sleep.

Neurological: The patient has a low pace of speech due to shortness of breath

Most recent VS (include date/time and highlight if abnormal):
PB:135/92, pulse: 90, O2: 95% on 2 L nasal cannula, T: 97.8, RR: 20. The blood pressure is elevated because the patient has a history of high blood pressure.

Pain and pain scale used: Scale 0/10 and pain is 4. Nursing intervention: Turning the patient every two hours, bed bath, and massage.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Risk for impaired gas exchange related to ventilation-perfusion imbalance as evidenced by respiratory failure.	**The risk for impaired skin integrity is related to inadequate tissue perfusion, as evidenced by edema in the lower extremities.**	**Impaired Urinary elimination related to urinary retention as evidence by chronic urinary catheter.**
Rationale **This diagnosis was chosen because the client exhibit shortness of breath, and he is oxygen dependent.**	**Rationale** **The diagnosis was chosen because the client has bruises on all upper and lower extremities, an abscess on the left leg, and a sacral wound.**	**Rationale** **Improving renal blood flow will prevent the accumulation of urine and limiting the number of bacteria.**
Interventions **Intervention 1: Auscultate breath sounds.** **Intervention 2: Instruct a client on ineffective coughing and deep breathing.**	**Interventions** **Intervention 1: Encourage frequent position change, assist in active and passive ROM.** **Intervention 2: Provide frequent skincare to minimize contact with moisture and excretion**	**Interventions** **Intervention 1: Assess with the bladder scanner for urinary residual after each patient void.** **Intervention 2: Encourage the client to void every 2 to 3 hours and assess for feelings of bladder emptying after each void.**
Evaluation of Interventions **The client was excited after deep breathing and coughing because it did improve his oxygen saturation.**	**Evaluation of Interventions** **The client tried to lift his upper extremities, but the right arm's range of motion was minimal.**	**Evaluation of Interventions** **The patient expressed positive feedback during clinical.**

References (3) (APA):

References

Capriotti, T. (2020). ***Pathophysiology: introductory concepts and clinical perspectives*****. Philadelphia: F.A. Davis Company.**

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

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