

<p><b>Medications</b></p>	<p><b>Demographic Data</b></p> <p>Acetaminophen (Tylenol) E.S. 500mg tab po q4h</p> <p>Albuterol HFA 90mcg/actuation inhaler 2 puffs po q4h prn</p> <p>Allopurinol (Zyloprim) 100 mg tablet 1xpo daily</p> <p>Alprazolam (Xanax) 0.5mg tablet po at bedtime prn (given before BIPAP)</p> <p>Baclofen 10mg tablet TID prn muscle pain</p> <p>Cephalexin (Keflex) 500 mg capsule po q6h</p> <p>Enoxaparin (Lovenox) 40mg syringe subq daily at 1300</p> <p>Furosemide 40mg I.V push BID</p> <p>Gabapentin (Neurontin) 300mg Cap PO TID</p>	<p><b>Pathophysiology</b></p> <p><b>Disease process:</b> Normal flora living on the skins surface are considered opportunistic pathogens. When a break in the skin occurs bacteria living on the skin enter the skin and begin to multiply in the dermis. Because the client is severely obese and has diabetes, they are not able to fight off the infection as well. Left untreated bacteria will leave the dermis and spread to the inner layers of the skin, lymph nodes or bloodstream and cause sepsis or osteomyelitis</p> <p><b>S/S of disease:</b> skin is red and warm to the touch; pus may drain from an opened wound. Whole body; fever, vomiting, chills and general malaise</p> <p><b>Method of Diagnosis:</b> Diagnostic testing for cellulitis consists of wound or blood culture, and ultrasound to detect abscess and how to treat it.</p>
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<p><b>Lab Values/Diagnostics</b></p>	<p><b>Admission History</b></p> <p>WBC- Normal range 4-11x10<sup>3</sup>uL (lab value 17.4) elevated white blood cells due to active infection in the right lower leg.</p> <p>Bands Normal range 0-10% (lab value 18.4 which indicates that a serious infection is occurring)</p> <p>ABG's CO2 normal -35-45 current lab value is 49.1, due to the clients sleep apnea and body size there is some impairment in the gas exchange.</p> <p>X-Ray (normal range should be negative)</p> <p>Xray of the chest indicates pulmonary edema</p>	<p>M.T presented to the ED Friday (9/27) morning with an onset of leg pain and fever with vomiting starting at 8am. Pain is in the lower right extremity with tenderness of the affected area. Pain was relieved with IVF and pain medication. Currently diagnosed with cellulitis and being treated with antibiotics and diuretics.</p> <p>High flow oxygen therapy(10L)- used to improve clients oxygen saturation. The client is morbidly obese and is currently having difficulty maintaining 90-100% on room air. Plan is to wean o2 as tolerated.</p> <p>CPAP/BIPAP machine for sleep apnea diagnosis</p>
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**Physical Exam/Assessment**

**General:** Client is morbidly obese with a BMI of 94.62, no apparent distress, lacks ability to maintain adequate personal hygiene.

**Integument:** Skin is at risk for breakdown, erythema, warmth, and pain of the right lower extremity. Weeping both legs from bilateral lymphedema.

**HEENT:** Head is normocephalic, eyes are normally aligned responsive and reactive to light, ears are symmetric light cerumen noted, tympanic membrane is gray colored and non-bulging, nose is midline and not deviated, nares are pink and moist, throat is pink and moist, uvula rises and falls symmetrically, hard and soft palate are normal.

**Cardiovascular:** negative for chest pain or palpitations. Heart sounds are diminished due to body size, pulses are noted at carotid, radial.

**Respiratory:** Negative for shortness of breath or cough, breath sounds are clear bilaterally in all lobes, no presence of crackles, wheezes, rhonchi

**Genitourinary:** Genitals are free of lesions, skin free of breakdown. No presence of dysuria or pain when urinating

**Musculoskeletal:** Right lower extremity pain, redness, and warmth due to cellulitis

**Neurological:** No changes in consciousness, no weakness or paralysis.

**Most recent VS (include date/time and highlight if abnormal):** pulse-94, SpO<sub>2</sub>- 96 on 6L/min, BP- 121/76, temp, 98.4 F oral, respirations 20

**Pain and pain scale used:** denies pain or discomfort, 0-10 scale

<p><b>Nursing Diagnosis 1</b>                  Ineffective breathing pattern related to a decrease in lung expansion as evidence by sleep apnea and decreased oxygen saturation (Vera, 2020)</p>	<p><b>Nursing Diagnosis 2</b>                  Risk for sepsis related to cellulitis as evidence by increased white blood cells, bands, and poor dietary habits.</p>	<p><b>Nursing Diagnosis 3</b>                  Imbalanced nutrition related to consuming more than the body requires as evidence by client's BMI of 94%</p>
<p><b>Rationale</b>                  This is related to the client's morbid obesity. It is the primary nursing diagnosis to treat (ABC's) airway needs to be maintained.</p>	<p><b>Rationale</b>                  The client is morbidly obese and doesn't adequately obtain good nutrition. The client has an active infection in the lower leg. Because of his lack of healthy nutrition and poor health status the risk for sepsis is high (Vera, 2020).</p>	<p><b>Rationale</b>                  The client is 5 foot 6 and weighs 580 pounds. There is an excess of calorie and fat consumption that has led the client to become morbidly obese BMI-94% (Vera, 2020)</p>
<p><b>Interventions</b>                  Intervention 1: High flow nasal cannula                  Intervention 2: High fowlers position</p>	<p><b>Interventions</b>                  Intervention 1: Administer prescribed antibiotic therapy                  Intervention 2: Request a dietary consult to discuss healthy nutrition and eating habits.</p>	<p><b>Interventions</b>                  Intervention 1: Use therapeutic communication to determine client's ability to identify "why they are eating in excess and consequences for overeating."                  Intervention 2: Educate the client of healthy food options and portion sizes, as well as exercise habits.</p>
<p><b>Evaluation of Interventions</b>                  High flow nasal cannula at 10L increased O2 saturation from high 80's low 90's to 98-99%                  Patient couldn't comfortably tolerate high fowlers position due to body size</p>	<p><b>Evaluation of Interventions</b>                  Client tolerated I.V medication well without signs of allergic reactions. Dietary consult was scheduled, client seemed optimistic but frightened about dietary changes.</p>	<p><b>Evaluation of Interventions</b>                  The client was not able to identify why they may be overeating. Unable to determine the cause or stressor to overeat. The client was able to listen and understand exercise goals and outcomes, physical therapy came to facilitate range of motion exercise.</p>

**References (3) (APA):**

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B. (2019). *Early and Middle Adulthood | Boundless Psychology*. Lumen: Boundless Psychology. <https://courses.lumenlearning.com/boundless-psychology/chapter/early-and-middle-adulthood/>

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