N431 Care Plan #1

Lakeview College of Nursing

Lindsay Cox

Demographics (3 points)

Date of Admission 9/9/21	**Patient Initials** BH	**Age** 68	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** IT area of Naviant	**Marital Status** Married	**Allergies** Byetta, Latex, Vicodin, Zithromax, and Fluconazole
Code Status FULL	**Height** 170 cm	**Weight** 121.8 kg	

Medical History (5 Points)

Past Medical History: Anemia, anxiety (GAD), history of colon polyps, gastroesophageal reflux disease (GERD), Hashimoto's thyroid disease, hyperlipidemia, hypertension (HTN), morbid obesity, obstructive sleep apnea, osteoarthritis in both knees, pulmonary hypertension, type 2 diabetes, history of uterine cancer.

Past Surgical History: Colonoscopy diagnostic screen, colonoscopy biopsy, cystoscopy, drain IR (percutaneous abscess drainage), exploratory laparotomy, hysterectomy, hemodialysis catheter placement, and transversus abdominis plane block bilaterally.

Family History: Mother: chronic heart failure (CHF), type 2 diabetes. Father: CHF. Sister: brain cancer, hyperlipidemia, liver cancer, renal cell carcinoma, type 2 diabetes, and ulcerative colitis (UC). Maternal grandmother: ovarian cancer. Maternal grandfather: heart attack. Paternal grandmother: type 2 diabetes.

Social History (tobacco/alcohol/drugs): Patient states that they drink two shot glasses full of liquor one to two times per year for the last seven years. The patient denies any history of vaping, tobacco use, or drug use.

Assistive Devices: The patient wears glasses and has no other assistive devices.

Living Situation: The patient states that they live with their spouse.

Education Level: The patient states that she has her Master of Business Administration with a minor in information and technology.

Admission Assessment

Chief Complaint (2 points): The patient complains of “a constant crampy pain” in her lower abdomen.

History of present Illness (10 points):

The patient is a 68-year-old Caucasian woman who was admitted to Union Hospital on 9/9/21 for "crampy" abdominal pain. The patient states the pain has been constant and lasted for the past three months. She rates her pain a 7/10 on a numeric scale. She states that the pain is accompanied by nausea, occasional vomiting, and loose stools. She states that nothing helps relieve the pain, and eating solid foods makes it worse. The patient went to the doctor in July and was prescribed steroids, but after a check up there was no improvement. She was placed on a mainly liquid diet since solids were still increasing her pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Stricture of the terminal ileum.

Secondary Diagnosis (if applicable): N/A

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

Stricture of the terminal ileum is narrowing and thickening of the luminal walls, which can cause obstruction. (Capriotti, 2020). When the ileum becomes inflamed, it tapers temporarily. The problem is, when it heals, the tissue becomes fibrous. (Eske, 2021). The ileum needs to be able to stretch for contents to be able to pass smoothly. A stricture impairs the intestine's ability to move contents effectively. (Eske, 2021). The continual inflammation of the

ileum and ileal narrowing makes it hard for the contents to flow through the transition point in the patient's right lower quadrant. Some signs and symptoms of strictures of the terminal ileum are intense abdominal pain and vomiting, both of which my patient was presenting upon admittance. (Eske, 2021).

The small intestine's primary function is to absorb nutrients after breaking down contents from the stomach. (Capriotti, 2020). It has finger-like projections called villi that increase the surface area of the lining of the small intestines to absorb as many nutrients as possible. (Capriotti, 2020). The nutrients then enter the bloodstream and are delivered to the rest of the body for immediate use or storage. (Capriotti, 2020). If the small intestine becomes inflamed, it can lead to poor absorption of nutrients. (Capriotti, 2020). A stricture in the ileum reduces the surface area to soak up fluids, electrolytes, fats, carbohydrates, proteins, and vitamin B12. (Capriotti, 2020). Without these vital nutrients, the patient can quickly develop fatigue, anemia, muscle atrophy, and dermatitis. (Capriotti, 2020). The diet may need to be changed to prevent nausea, vomiting, and diarrhea. (Capriotti, 2020).

Expected lab findings are anemia potentially caused by chronic inflammation or not receiving enough essential vitamins minerals. (Ghazi, 2021). Another expected finding would be leukocytosis due to chronic inflammation or steroid use. (Ghazi, 2021). A complete blood count test was ordered to verify these findings. My patient has a history of anemia, and when admitted, she has a red blood cell count of 2.9, which is below the standard lab value. This lab value could be an indication of anemia or possible malnutrition. The patient also had a high white blood cell count of 22.7, which could indicate leukocytosis. The most effective way to diagnose strictures is an abdominal CT with barium contrast. (Ghazi, 2021). By utilizing a CT scan, the doctor was able to identify a partial obstruction of the terminal ileum. According to the patient’s nurse, the

patient had previously been prescribed steroids that did not improve her condition. When she arrived at the hospital and underwent a CT scan, the doctor recommended that she receive surgery. The surgery involved resectioning of her small intestine. The doctor then created a stoma that attaches to the small intestine. This procedure is called an ileostomy.

Pathophysiology References (2) (APA):

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

Eske, J. (2021, June 3). *Crohn's disease and intestinal strictures: Causes and treatment*. Medical News Today. https://www.medicalnewstoday.com/articles/326930.

Ghazi, L. J. (2021). *Crohn disease*. Practice Essentials, Background, Pathophysiology. https://emedicine.medscape.com/article/172940-overview.

Hinkle, J. L. &. Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed). Walters 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	**3.9-5.4**	**2.9**	**2.86**	**This abnormal lab value may be due to the patient's anemia or malnutrition from the vomiting. (Lab Tests Online, 2021).**
Hgb	**12-16**	**8.2**	**8.2**	**It may be due to anemia or nutritional deficiencies. (Lab Tests Online, 2021).**
Hct	**36-48**	**26.1**	**25.6**	**It may be due to anemia or nutritional deficiencies. (Lab Tests Online, 2021).**
Platelets	**150-450**	**449**	**508**	**Possibly due to anemia or inflammation. (Lab Tests Online, 2021).**

WBC	**4.5-10.8**	**22.7**	**9.7**	**Possibly due to surgery, inflammation, or infection. (Lab Tests Online, 2021).**
Neutrophils	**40-80**	**82.8**	**81.3**	**Possibly due to stress, inflammation, or infection. (Lab Tests Online, 2021).**
Lymphocytes	**13-48**	**9**	**9.8**	**Possibly due to infection or corticosteroids. (Lab Tests Online, 2021).**
Monocytes	**2-12**	**5.9**	**5.2**	**These lab values were within the normal range.**
Eosinophils	**0-8**	**1.9**	**1.5**	**These lab values were within the normal range.**
Bands	**0.0-10.0**	**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**	**138**	**138**	**These lab values were within the normal range.**
K+	**3.5-5.2**	**3.83**	**4.10**	**These lab values were within the normal range.**
Cl-	**96-106**	**102**	**103**	**These lab values were within the normal range.**
CO2	**20-29**	**27**	**26.9**	**These lab values were within the normal range.**
Glucose	**65-99**	**59**	**79**	**Possibly due to malnutrition, infection, or thyroid disease. (Lab Tests Online, 2021).**
BUN	**8-27**	**5**	**7**	**Possibly due to malnutrition. (Lab Tests Online, 2021).**
Creatinine	**0.57-1**	**0.67**	**0.73**	**These lab values were within the normal range.**
Albumin	**3.8-4.9**	**2.1**	**2.2**	**Possibly due to malnutrition, inflammation, infection, or thyroid disease. (Lab Tests Online, 2021).**
Calcium	**8.7-10.2**	**7.3**	**7.4**	**Possibly due to low magnesium, malnutrition, or thyroid disease. (Lab Tests Online, 2021).**

Mag	**1.6-2.3**	**1.5**	**1.5**	**Possibly due to malnutrition, uncontrolled diabetes, thyroid disease, digestive disorders, or surgery. (Lab Tests Online, 2021).**
Phosphate	**3-4.3**	**3.4**	**3.8**	**These lab values were within the normal range.**
Bilirubin	**0-1.2**	**0.3**	**0.2**	**These lab values were within the normal range.**
Alk Phos	**48-121**	**115**	**115**	**These lab values were within the normal range.**
AST	**0-40**	**25**	**24**	**These lab values were within the normal range.**
ALT	**0-32**	**15**	**13**	**These lab values were within the normal range.**
Amylase	**60-100**	**N/A**	**N/A**	**N/A**
Lipase	**0-160**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.5-1.5**	**N/A**	**N/A**	**N/A**
Troponin	**0-0.04**	**N/A**	**N/A**	**N/A**
CK-MB	**5-25**	**N/A**	**N/A**	**N/A**
Total CK	**22-198**	**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	**1**	**N/A**	**N/A**	**N/A**
PT	**11-13.5**	**N/A**	**N/A**	**N/A**
PTT	**25-35**	**N/A**	**N/A**	**N/A**
D-Dimer	**Negative, less than 250**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**

HDL	**60**	**N/A**	**N/A**	**N/A**
LDL	**100**	**N/A**	**N/A**	**N/A**
Cholesterol	**200**	**N/A**	**N/A**	**N/A**
Triglycerides	**150**	**N/A**	**N/A**	**N/A**
Hgb A1c	**5.7**	**N/A**	**N/A**	**N/A**
TSH	**0.5-5.0**	**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 and clear**	**N/A**	**N/A**	**N/A**
pH	**5-7**	**N/A**	**N/A**	**N/A**
Specific Gravity	**1.001-1.030**	**N/A**	**N/A**	**N/A**
Glucose	**NEG**	**N/A**	**N/A**	**N/A**
Protein	**NEG**	**N/A**	**N/A**	**N/A**
Ketones	**NEG**	**N/A**	**N/A**	**N/A**
WBC	**0-5**	**N/A**	**N/A**	**N/A**
RBC	**0-2**	**N/A**	**N/A**	**N/A**
Leukoesterase	**NEG**	**N/A**	**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	Value on	Today's	Explanation of Findings

	Range	Admission	Value	
pH	**7.35-7.45**	**N/A**	**N/A**	**N/A**
PaO2	**80-100**	**N/A**	**N/A**	**N/A**
PaCO2	**35-45**	**N/A**	**N/A**	**N/A**
HCO3	**22-26**	**N/A**	**N/A**	**N/A**
SaO2	**95-100**	**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	**Negative/no growth**	**N/A**	**N/A**	**N/A**
Blood Culture	**Negative/no growth**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative/no growth**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative/no growth**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (1) (APA):

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. https://labtestsonline.org/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Computerized tomography scan (CT) of the abdomen and pelvis with an intravenous (IV) contrast.

Diagnostic Test Correlation (5 points): The reason for the CT scan could be due to the rise in white blood cell count after her operation. (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/ Generic	Altace/ ramipril	Synthroid/ levothyroxine	Prilosec/ omeprazole	Tricor/ fenofibrate	Paxil/ paroxetine hydrochloride
Dose	One 10mg tablet	One 125 mCg tablet	One 40mg delayed-release capsule	One 160mg tablet	One 30mg tablet
Frequency	daily	Every Monday through Saturday in addition to Sunday dosing.	daily	daily	daily
Route	oral	oral	oral	oral	oral
Classification	Pharmacologic: ACE inhibitor Therapeutic: antihypertensive	Pharmacologic: synthetic thyroxine (T_4) Therapeutic: thyroid hormone replacement	Pharmacologic: proton pump inhibitor Therapeutic: antiulcer	Pharmacologic: fibrate Therapeutic: antilipemic	Pharmacologic: selective serotonin reuptake inhibitor (SSRI) Therapeutic: antianxiety
Mechanism of Action	Blocks the	Replaces endogenous	Interferes with gastric	May increase the	Exerts antianxiety

	conversion of angiotensin I to angiotensin II, causing vasodilation, and reduces aldosterone secretion, which prevents water retention.	thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis.	acid secretion by inhibiting the hydrogen potassium adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells.	lipolysis of triglyceride-rich proteins and decrease the synthesis of fatty acids and triglycerides by enhancing the activation of lipoprotein lipase and acyl-coenzyme A synthetase/	effects by potentiating serotonin activity in central nervous system and inhibiting serotonin reuptake at presynaptic neuronal membrane.
Reason Client Taking	To treat hypertension.	To treat primary, secondary, or tertiary hypothyroidism.	To treat GERD.	To treat hyperlipidemia.	To treat anxiety.
Contraindications (2)	Aliskiren therapy in patients with diabetes. Hypersensitivity to ramipril, other ACE inhibitors or their components.	Hypersensitivity to levothyroxine or its components. Uncorrected adrenal insufficiency.	Concurrent therapy with rilpivirine-containing products; hypersensitivity to omeprazole, substituted benzimidazoles, or their components.	Active liver disease. Severe renal impairment.	Hypersensitivity to paroxetine or its components. Use within 14 days of a MAO inhibitor including linezolid or methylene blue I.V.
Side Effects/Adverse Reactions (2)	Hypotension. Hyperkalemia.	Arrythmias. Myxedema coma (with undertreatment).	Hypoglycemia. Clostridium difficile associated diarrhea.	Deep vein thrombosis. Cirrhosis.	Seizures. Torsades de pointes.
Nursing Considerations (2)	Use caution in patients with renal or hepatic	Monitor blood glucose level of diabetic patient because drug may worsen	Give before meals, preferably in the morning for once-daily	Monitor patient closely for acute hypersensiti	Don’t give enteric-coated form with antiacids.

	impairment. Know that because of the risk of angioedema, be prepared to stop drug and provide emergency measures, including subcutaneous epinephrine 1:1000 (0.3 to 0.5 mL), if swelling og glottis, larynx, or tongue causes airway obstruction.	glycemic control and result in increased antidiabetic agent or insulin requirement. Carefully monitor patient after starting, changing, or discontinuing levothyroxine.	dosing. Know that because drug can interfere with absorption of vitamin B_{12}, monitor patient for macrocytic anemia.	vity reactions including severe rash and notify prescriber if they occur. Assess blood counts periodically, as ordered, during the first 12 months of therapy to detect adverse hematologic effects.	Monitor patient closely for serotonin syndrome exhibited by agitation.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Assess blood pressure to determine if it is high.	Check the patient's TSH levels as prescribed.	Monitor results of liver function tests. If liver enzyme levels rise to more than 3 times the upper limit of normal and persist, or if the patient develops gallstones, expect to stop the drug.	Be aware that all drugs that increase serum triglycerides, such as beta blockers, estrogens, and thiazides, should be stopped, and baseline lipid levels obtained before	Advise patient that the drug can cause a mild pupillary dilation, which may lead to an episode of acute closure glaucoma. Encourage patient to have eye exam before

				starting fenofibrate.	starting therapy to see if they are at risk.
Client Teaching needs (2)	Urge patient to tell providers that she takes ramipril before having surgery or receiving anesthesia. Tell patient to ask prescriber before using supplements or salt substitutes that contain potassium.	Advise the patient that levothyroxine is not to be used for treatment of obesity or for weight loss. Inform the patient that levothyroxine replaces a hormone that is normally produced by the thyroid gland and that she will probably need to take the drug for life.	Advise patient to notify prescriber immediately about abdominal pain or diarrhea. Advise patient to notify the prescriber if patient notices they are experiencing a decrease in the amount of urine.	Emphasize that drug will be effective only if patient carefully follows prescriber's instructions about diet and exercise. Instruct patient to take drug with food.	Advise patient to take in the morning to minimize insomnia. Advise patient to take with food if adverse gastrointestinal reactions develop.

Hospital Medications (5 required)

Brand/Generic	Eliquis/ apixaban	Pepcid/ famotidine	Merrem I.V./ meropenem	Mycamine/ micafungin sodium	Detemir/ insulin detemir
Dose	5mg	20 mg	1 g	100 mg	15 units
Frequency	Twice a day	Daily	Every 8 hours	Daily	Every night at bedtime
Route	oral	IV push	IV push	IV piggyback	Subcutane

					ous
Classification	Pharmacologic: Factor Xa inhibitor Therapeutic: anticoagulant	Pharmacologic: histamine-2 blocker Therapeutic: antiulcer agent	Pharmacologic: Carbapenem Therapeutic: Antibiotic	Pharmacologic: Echinocandin Therapeutic: Antifungal	Long-acting insulin
Mechanism of Action	Inhibits free and clot-bound factor Xa and prothrombinase activity.	This drug reduces HCl formation by preventing histamine from binding with H^2 receptors on the surface of parietal cells. This helps prevent peptic ulcers from forming and helps heal existing ones.	Penetrates cell walls of most gram-negative and gram-positive bacteria, inactivating penicillin-binding proteins. This inhibits bacterial wall synthesis and causes cell death.	Inhibits synthesis of 1,3-beta-D-glucan, which is an essential component of the Candida fungal cell wall. Without 1,3-beta-D-glucan, the fungal cell dies.	Lowers blood glucose levels.
Reason Client Taking	To prevent deep vein thrombosis.	To treat GERD.	To treat vancomycin-resistant infection.	To prevent candida infection.	To manage diabetes.
Contraindications (2)	Active pathological bleeding. Severe hypersensitivity to	Hypersensitivity to famotidine, other H_{2}-receptor antagonists,	Hypersensitivity to meropenem, other carbapenem drugs, beta-	Hypersensitivity to micafungin, other echinocandins, or their	Low blood sugar. Liver problems.

	apixaban or its components.	or their components.	lactams, or their components.	components.	
Side Effects/Adverse Reactions (2)	Syncope. Anaphylaxis.	Prolonged QT interval. Rhabdomyolysis.	Renal failure. Sepsis.	Atrial fibrillation. Hypoglycemia.	Redness at the injection site. Edema.
Nursing Considerations (2)	-Be aware that if apixaban is discontinued prematurely and adequate alternative anticoagulation is not present, the risk of thrombosis increases. -Monitor patient closely for bleeding, as apixaban may cause life-threatening bleeding.	-Be aware that Pepcid AC chewable tablets contain aspartame, which can be dangerous for patients who have phenylketonuria. -Know that adult patients who have a suboptimal response or an early symptomatic relapse after completing famotidine therapy, should be evaluated for gastric malignancy.	-Be aware that fatal hypersensitivity reactions have occurred with meropenem use. Monitor patient closely and stop drug immediately if signs and symptoms of anaphylaxis occur. -Monitor patient closely for diarrhea, which may indicate pseudomembranous colitis caused by Clostridium difficile. If diarrhea occurs, notify prescriber.	-Monitor patient closely for hypersensitivity reaction, including anaphylaxis and angioedema. Stop infusion immediately if present, notify prescriber, and provide support care, as prescribed. -Monitor patient's liver and renal function closely throughout therapy because liver and renal abnormalities may occur in patients receiving micafingin.	-Don't use long-acting insulin if it contains precipitate that is clumped or granular or that clings to the sides of the vial. -Roll the vial gently between your palms to obtain a uniform mixture; don't shake it.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Before apixaban is started the patient's International Normalized	Assess if the patient is allergic to the medication before administratio	Obtain body fluid and tissue samples, as ordered, for culture and sensitivity	Assess if the patient is allergic to the medication before administration.	Check to make sure the patient doesn't have low blood sugar.

	Ratio (INR) must be below 2.	n.	testing. Expect to review test results, if possible, before giving first dose of meropenem.		
Client Teaching needs (2)	-Emphasize the importance of taking apixaban exactly as prescribed. -Advise patient to report any unusual bleeding to the prescriber.	-Caution patient to avoid alcohol and smoking during famotidine therapy because they irritate the stomach and can delay ulcer healing. -Caution patient not to take famotidine with other acid-reducing products.	-Tell patient to immediately report any difficulty breathing, injection-site pain, skin changes (blister formation, rash), and sore mouth. -Instruct patient to avoid hazardous activities until drug's central nervous system effects are known.	-Instruct patient to report any infusion-site discomfort immediately. -Stress importance of seeking emergency treatment if difficulty breathing or swallowing occurs or other signs of an allergic reaction occurs.	-Instruct patient to administer insulin subcutaneously. -Ensure the patient understands how to self-administer insulin.

Medications Reference (1) (APA):

Jones and Bartlett Learning. (2020). *Nurse's drug handbook* (19th ed). Jones and Bartlett Publishers.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and orientated to person, place, time, and reason for visit. The patient does not have any noticeable distress. The patient looks well groomed.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 22** **Drains present: Y☐ N ☒** **Type:**	Patient's skin is warm, dry, intact, and she has bruises covering both arms from multiple IV attempts. When the patient's skin was pinched it immediately went back into place. Her Braden score is 22.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's head is equal and round with no abnormalities. No tracheal deviation was present. When asked to swallow, the thyroid rises and falls upon palpation. Her ears are symmetrical, clean, and clear, with no cerumen or drainage noted bilaterally. The tympanic membranes were bilaterally pearly and gray. The patient was wearing glasses during the assessment. Both of her eyes were symmetrical and proportionally placed. Her sclera was white, and the conjunctiva was red in both eyes without any drainage present. Upon inspection of the nose, her nares were equal bilaterally, with no deviated septum or drainage present. When palpating her sinuses, the patient didn't express any signs of pain or discomfort. The patient's mouth was free of any sores. Her gums and oral mucosa were pink and moist. Her teeth were all intact without any abnormalities. Her soft palate rises and falls equally. Uvula was central,

	pink, and moist. The patient was able to stick out her tongue and say, "Ah."
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:**	S1 and S2 sounds were present. No S3 sounds, S4 sounds, or murmurs were heard. Both carotid pulses were palpated one at a time and 2+. Radial, brachial, posterior tibual, popliteal, dorsalis pedis pulse sites were 2+ bilaterally. The patient was experiencing abdominal pain and I did not asses the femoral pulses. The patient's capillary refill was less than 3 seconds on their fingers and toes bilaterally. No pitting edema or swelling was present when assessing the patient's extremities.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Upon auscultation, the patient's breath sounds were clear and even bilaterally without any use of accessory muscles.
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:**	The patient states that she is on a "diabetic diet, but sometimes overeats" while at home. While at the hospital, the patient was put on a full liquid diet, due to not tolerating solids. Today she was put on an 180 carb per day diet with no liquid restrictions. She appears to be handling it well. Height: 170 cm Weight: 121.8 kg No bowel sounds were present upon auscultation in the left lower quadrant. When auscultating the right lower quadrant, there only appeared to be a brief clicking sound every 30 seconds. I did not auscultate the left and right upper quadrants due to the patient being in pain. This is an indication that the bowels were hypoactive. The patient's last bowel movement was 9/22/21 via ileostomy. The patient experienced slight pain and tenderness upon light palpation, so deep palpation was not performed. The patient had a bowel resection, which resulted in an ileostomy, a wound vacuum, and a Jackson-Pratt drain in her left and right upper quadrants. The patient may have some ascites because indentations did not immediately spring back into place when auscultating her lower abdomen.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:**	The patient's urine was clear and pale yellow, with no foul odor detected. She voided 250 mL total during my clinical rotation. The patient denied any pain, burning,

Pain with urination: Y ☐ N ☒ **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	hesitancy, or urgency during urination. The patient denies being on dialysis. I did not inspect the patient's genitals. The patient did not have a urinary catheter.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 35** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	The patient presses the call light every time she needs to get up. Under supervision, the patient can stand up by herself without any form of assistance. The patient denies needing any help with her activities of daily living. Her chart does say that she is up with a 1 assist. She moves all of her extremities without difficulty. She has equal strength and grip in hands and feet bilaterally. With the patient's Morse fall risk score being 35, she has a low risk for falls, but still needs to utilize her call light before getting out of bed.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	She moves all of her extremities without difficulty. She has equal strength and grip in hands and feet bilaterally. Her pupils are equal, round, and reactive to light and accommodation. She is alert and oriented to person, place, time, and reason for the visit. She does not appear to have any impaired mental status. Her speech is clear and concise, without any slurring or stuttering. She denies any loss of consciousness.
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):**	The patient states that she usually is "even tempered but will yell when angry." Her developmental level seems appropriate for her age. She says that she has a "Masters of Business Administration with a minor in information and technology." The patient identifies as Christian and states that it brings her a "good solid basis of support and comfort." She says that she currently lives with her husband, who is her "number one supporter." She states that she has an excellent support system within her family.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:00	65	119/68	19	97.4	97%

17:35	63	162/75	19	97.4	97%

Vital Sign Trends: The patient's vitals stayed relatively the same except for a increased spike in her blood pressure.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:00	0-10	abdomen	5	"Stabbing pain on the right and dull pain on the left."	The patient watched tv to distract herself.
17:35	0-10	abdomen	6	"Stabbing pain on the right and dull pain on the left."	The patient was given pain medicine as prescribed.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	The patient has a central venous line with one 16-gauge and two 18-gauge intravenous (IV) catheters in her right jugular vein that was placed on 9/15/21, as indicated by the tape over the insertion site. She was not currently receiving any infusions. According to the patient's nurse, the IV was patent. No drainage, swelling, warmth, or redness was present, but the dressing did appear to have dried blood on it. The dressing was also impregnated with chlorhexidine gluconate (CHG) to prevent infection.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
105 mL of water	250 mL of urine

Nursing Care

Summary of Care (2 points)

Overview of care: I assisted the patient to the bathroom during my clinical rotation and monitored her Jackson-Pratt drain and wound vacuum.

Procedures/testing done: There were no procedures or testing done during my time at clinical.

Complaints/Issues: The patient did complain of abdominal pain while I was there. The first time, it was not time for her scheduled pain medication. She watched television to distract herself. The second time she complained of pain, it was time for her to receive her prescribed pain medication.

Vital signs (stable/unstable): Her vitals remained stable besides an increase in blood pressure that may have been due to the pain she was experiencing.

Tolerating diet, activity, etc.: The patient did not eat during my clinical rotation, but she was tolerating fluids. She consistently utilized her call light when she needed to get out of bed. She was able to stand, walk, and use the bathroom without any help.

Physician notifications: The physician was not notified for my patient at all while I was there.

Future plans for patient: The plans for this patient are to continue to monitor her to make sure the antibiotics are working.

Discharge Planning (2 points)

Discharge location: The patient will be discharged home with her husband.

Home health needs (if applicable): She does not require any home health currently.

Equipment needs (if applicable): She does not require any equipment at this time.

Follow up plan: The patient will need to follow up with her gastroenterologist, cardiologist, and primary care provider.

Education needs: The patient needs to be educated on diabetes management, heart disease education, and wound care.

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. Delayed surgical recovery may be related to sepsis possibly evidenced by wound vacuum and antibiotics.	**I chose this nursing diagnosis because the patient is on antibiotics.**	**1. Monitor patient to ensure antibiotics are working effectively** **2. Assess characteristics of wound.**	**Client will continue to take antibiotics as prescribed. The client responded well and the status is ongoing.**
2. Imbalance nutrition: less than the body's requirements may be related to preoperative inflammatory	**I chose this nursing diagnosis because the patient was not tolerating solid foods without pain.**	**1. Auscultate bowel sounds.** **2. Resume solids slowly.**	**Client will plan diet to limit gastrointestinal disturbances. The client responded well by drinking plenty of fluids and eating foods that would be easy to digest. The status is ongoing.**

disease possibly evidenced by not being able to tolerate solid foods.			
3. Acute pain may be related to drains possibly evidenced by reports of pain.	**I chose this nursing diagnosis because the patient continually complained of pain.**	**1. The patient distracted herself by watching television.** **2. Pain medication was administered as prescribed.**	**Client will verbalize that pain is relieved. The client responded well to the interventions, but the status is ongoing.**
4. Disturbed body image may be related to ileostomy possibly evidenced by avoiding looking at stoma.	**I chose this nursing diagnosis because it seemed like the patient was avoiding acknowledging her ileostomy. An example of this way whenever the nurse or myself asked her about changing her bag because it was full, she would change the subject.**	**1. Encourage patient to verbalize feelings regarding ileostomy.** **2. Encourage patient to participate in self-care.**	**Client will begin to demonstrate acceptance by viewing/touching the stoma and participating in self-care.** **The client responded well to the discuss about further education on self-care and the status is ongoing.**

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient rated their pain on a scale of 5/10 at the beginning of my clinical rotation and then a 6/10 at then end of my clinical rotation. The patient distracted herself by watching television until it was time to take her pain medication as prescribed. The patient denied any nausea, vomiting, or diarrhea during my clinical rotation.

Nursing Diagnosis/Outcomes

Delayed surgical recovery may be related to sepsis possibly evidenced by wound vacuum and antibiotics.

- Client will continue to take antibiotics as prescribed. The client responded well and the status is ongoing.

Imbalance nutrition: less than the body's requirements may be related to preoperative inflammatory disease possibly evidenced by not being able to tolerate solid foods.

- Client will plan diet to limit gastrointestinal disturbances. The client responded well by drinking plenty of fluids and eating foods that would be easy to digest. The status is ongoing.

Acute pain may be related to drains possibly evidenced by reports of pain.

- Client will verbalize that pain is relieved. The client responded well to the interventions, but the status is ongoing.

Disturbed body image may be related to ileostomy possibly evidenced by avoiding looking at stoma.

- Client will begin to demonstrate acceptance by viewing/touching the stoma and participating in self-care. The client responded well to the discuss about further education on self-care and the status is ongoing.

Objective Data

Pulse: 63
BP: 162/75
RR: 19
Temp: 97.4 degrees Fahrenheit
O2: 97%

The patient has an ileostomy, a wound vacuum, and a Jackson-Pratt drain on the upper quadrants of her abdomen. No bowel sounds were detected, except for a click every 30 seconds in the right lower quadrant.

Patient Information

The patient is a 68-year-old Caucasian woman who was admitted to Union Hospital on 9/9/21 for "crampy" abdominal pain. The patient has a past medical history of anemia, history of colon polyps, GERD, thyroid disease, morbid obesity, and type 2 diabetes. The patient is compliant.

Nursing Interventions

- Monitor patient to ensure antibiotics are working effectively
- Assess characteristics of wound.
- Auscultate bowel sounds.
- Resume solids slowly.
- The patient distracted herself by watching television.
- Pain medication was administered as prescribed.
- Encourage patient to verbalize feelings regarding ileostomy.
- Encourage patient to participate in self-care.