N431 Care Plan # 2

Lakeview College of Nursing

Name Candy Lewis

Demographics (3 points)

Date of Admission 09/26/2021	**Client Initials** ST	**Age** 51	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Paralegal	**Marital Status** Married	**Allergies** Latex, sulfa drugs
Code Status Full Code	**Height** 172.7cm	**Weight** 76.80 kg	

Medical History (5 Points)

Past Medical History: This client has a history of lupus, hypertension, fibromyalgia, sleep apnea, and rheumatoid arthritis.

Past Surgical History: This client has a past surgical history of a colonoscopy, laparoscopy, and a cholecystectomy.

Family History: The client's father had a history of skin cancer and heart disease, while her mother had a history of hypertension.

Social History (tobacco/alcohol/drugs): This client denies any use of tobacco, alcohol, or drug use.

Assistive Devices: This client has prescription glasses.

Living Situation: This client lives at home with her husband.

Education Level: The highest level of education for this client is an associate degree.

Admission Assessment

Chief Complaint (2 points): This client presented to her physician's office with reoccurring urinary tract infections that were being treated with antibiotics with no improvement.

History of present illness (10 points): This client is a 51-year-old female who has had a reoccurring urinary tract infection for the past four months. Location: She denies experiencing any pain. Duration: The patient stated she has been having frequency while urinating for at least

four months. Characteristics: The client stated she cannot characterize pain, and there is no history of pain but she does disclose urgency while urinating. When asked the patient stated, “my pain tolerance is high.” The patient denied any burning or itching while urinating. Associated and Aggravating factors: The patient denies any aggravating or associated factors to her urgency of urination. Relieving: Her physician has prescribed her antibiotics that have not provided any relief to the infection and has not stopped her urgency to urinate. Due to the urgency of urination not subsiding with prescription medication the physician ordered a CT scan with IV contrast at her most recent visit to his office. The CT scan results showed a 4cm abscess in between the client’s urinary bladder and sigmoid colon. Treatment: The patien t was then admitted to the hospital for an insertion of an IR abscess drain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Colonic diverticular abscess

Secondary Diagnosis (if applicable): Not applicable

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

Segmental diverticular disease (diverticulosis, diverticulitis) is a general term that refers to the presence of diverticula, small pouches in the large intestinal (colonic) wall (Capriotti & Frizzell, 2016). These outpouchings arise when the inner layers of the colon push through weaknesses in the outer muscular layers. Notably, diverticulosis can occur anywhere in the colon, but it is most common in the left colon (descending or sigmoid colon) (Capriotti & Frizzell, 2016). Diverticula develops where the circular muscle layer is penetrated by the vasa recta to supply the mucosa, a point of weakness in the colonic wall (Capriotti & Frizzell, 2016). This defect is enlarged by increased intraluminal pressure and is thought to be related to

constipation and consequent straining to defecate. The high colonic pressures can contribute to muscle hypertrophy.

Diverticulitis always involves bacteria and inflammation, but if the body can't confine the process to the wall of the colon immediately adjacent to the perforated diverticulum, a larger abscess form (Capriotti & Frizzell, 2016). An abscess is a walled-off collection of bacteria and white blood cells. This patients' labs results showed low values in her red blood cells, Hgb and lymphocytes as a result of the presence of the abscess.

Symptoms of diverticular disease include hemorrhage, inflammation (diverticulitis), stricture or obstruction, and fistulae. Most patients with diverticulosis are asymptomatic (Capriotti & Frizzell, 2016). This patient showed no signs or symptoms other than frequency of urinating with her reoccurring urinary tract infections. Her physician had prescribed antibiotics for her urinary tract infections with no relief before finally ordering the CT scan that located the abscess near her sigmoid colon and referred her to the hospital. The sigmoid colon is the narrowest segment of the large bowel, another theoretical precipitant of segmental diverticulosis (Capriotti & Frizzell, 2016).

Treatments for diverticulitis include antibiotics to treat infection, although new guidelines state that in very mild cases, they may not be needed (Capriotti & Frizzell, 2016). A liquid diet is implemented for a few days while your bowel heals. Once your symptoms improve, you can gradually add solid food to your diet (Capriotti & Frizzell, 2016).

Age is a significant risk factor for diverticulosis. Diverticulosis is uncommon before age 40, but about one-third of all Americans will develop the condition by age 60, and two-thirds will have it by age 85 (Capriotti & Frizzell, 2016). That makes diverticulosis one of the most

common medical conditions in the United States. Other risk factors include obesity, smoking, lack of exercise, and a diet high in animal fat and low in fiber (Capriotti & Frizzell, 2016).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives* (1st ed.). Philadelphia: F.A. Davis Company.

Jones & Bartless Learning. (2019). *2019 Nurse's drug handbook* (18th ed.). Burlington, MA

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	**4.60-6.20**	**4.26**	**4.36**	This lab value was low due to the presence of a diverticular abscess (Capriotti & Frizzell, 2016).
Hgb	**14.0-18.0**	**13.7**	**14.2**	This lab value was low due to the presence of a diverticular abscess (Capriotti & Frizzell, 2016).
Hct	**42.0-52**	**42.1**	**42.0**	
Platelets	**150-400**	**288**	**256**	
WBC	**4.3-11.0**	**8.7**	**8.7**	
Neutrophils	**37.0-85.0**	**67.7**	**76.1**	
Lymphocytes	**20.0-45.0**	**22.2**	**16.1**	This lab value was low due to the presence of a diverticular abscess (Capriotti & Frizzell, 2016).
Monocytes	**0.0-15.0**	**8.2**	**5.6**	
Eosinophils	**0.0-6.0**	**0.10**	**0.06**	
Bands	**0.5**	**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-	135-145	138	137	
K+	3.5-5.5	4.16	3.87	
Cl-	95-110	104	101	
CO2	23-31	25.4	26.3	
Glucose	70-110	91	110	
BUN	8-25	15	8	
Creatinine	0.70-150	0.84	0.84	
Albumin	3.5-5.5	3.9	4.0	
Calcium	8.4-10.3	9.1	8.8	
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.4-4.7	N/A	N/A	
Bilirubin	0.2-1.2	N/A	N/A	
Alk Phos	40-150	96	110	
AST	16-40	23	23	
ALT	7-52	27	29	
Amylase	23-85	N/A	N/A	
Lipase	12-70	N/A	N/A	
Lactic Acid	0.5-1	N/A	N/A	

Troponin	**0-0.4**	**N/A**	**N/A**	
CK-MB	**5-25**	**N/A**	**N/A**	
Total CK	**22-128**	**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	**0.90-1.10**	**1.0**	**N/A**	
PT	**12.2-14.3 sec**	**10.2**	**N/A**	This lab is low during admission due to the abscess located near the urinary bladder and sigmoid colon. (Capriotti & Frizzell, 2016).
PTT	**24-34 sec**	**N/A**	**N/A**	
D-Dimer	**<0.5**	**N/A**	**N/A**	
BNP	**<100mg/mL**	**N/A**	**N/A**	
HDL	**>60mg/dL**	**N/A**	**N/A**	
LDL	**<100mg/dL**	**N/A**	**N/A**	
Cholesterol	**<200mg/dL**	**N/A**	**N/A**	
Triglycerides	**<150mg/dL**	**N/A**	**N/A**	
Hgb A1c	**<7%**	**N/A**	**N/A**	
TSH	**0.4-4.0 mu/L**	**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	Yellow and clear	N/A	
pH	4.6-8.0	6.0	N/A	
Specific Gravity	1.005-1.030	1.006	N/A	
Glucose	Negative	Negative	N/A	
Protein	0.8	0.8	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-4	0-2	N/A	
RBC	0-2	0-2	N/A	
Leukoesterase	Negative	Negative	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 Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.35-7.45	N/A	N/A	
PaO2	75-100	N/A	N/A	
PaCO2	38-42	N/A	N/A	
HCO3	22-28	N/A	N/A	
SaO2	95%-100%	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	Negative	N/A	
Blood Culture	No growth	N/A	N/A	

	after 3 days			
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Appears soft, brown, and well-formed consistency**	**N/A**	**N/A**	

Lab Correlations Reference (1) (APA):

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

Capriotti, T., & Frizzell, J.P. (2016*). Pathophysiology: introductory concepts and clinical perspectives* (1st ed.). Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): The client had a non-pleura drain placed guided by CT and a CT of the abdomen/pelvis with IV contrast performed.

Diagnostic Test Correlation (5 points): The client had a non-pleura drain placed by the guidance of a CT. This made it possible to place a drainage catheter into the diverticular abscess yielding copious purulent fluids. She also received a CT of her abdomen and pelvis with IV contrast to view the abscess. The abscess was located near the sigmoid colon and urinary bladder. The results determined that the abscess appears to touch the superior aspect of the urinary bladder showing some surrounding edema and inflammation. A tiny amount of gas was also present in the urinary bladder suggesting fistula formation between the abscess and bladder (Kee, 2017).

Diagnostic Test Reference (1) (APA):

Kee, J.L.F. (2017). *Pearson handbook of laboratory & diagnostic tests with nursing implications.* Pearson.

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

Home Medications (5 required)

Brand/ Generic	**Pravastatin/ (Pravachol)**	**Valacyclovir/ (Valtrex)**	**Hydroxychloroquine/ (Plaquenil)**	**Epinephrine/ (EpiPen 2-Pak)**	**Escitalopram oxalate/ (Lexapro)**
Dose	20mg	1g	200mg	0.3mg	10mg
Frequency	1x/day	1x/day	1x/day	PRN	1x/day
Route	Oral	Oral	Oral	Injectable kit	Oral
Classification	Antilipemic	Antiviral	Aminoquinoline	Alpha- and beta-adrenergic agonist	Antidepressant
Mechanism of Action	Inhibits cholesterol synthesis in the liver blocked the enzyme needed to convert hydroxymethyl glutaryl-CoA to cholesterol precursor. When cholesterol synthesis is blocked the liver increases breakdown of LDL cholesterol	After conversion of acyclovir, several actions combine to inhibit herpes virus replication.	May mildly suppress the immune system, inhibiting production of rheumatoid factor and acute phase reactants.	Reduces vasodilation and increases vascular permeability that occurs during anaphylaxis	Increases the amount of serotonin available in nerve synapses. Elevated serotonin levels may result in elevated mood and reduced anxiety or depression.

Reason Client Taking	To prevent cardiovascular and coronary events in patients at risk	To treat initial episode of genital herpes in immunocompetent patients.	To treat acute or chronic rheumatoid arthritis (Jones & Bartless, 2019).	Patient is allergic to latex and tape.	To treat generalized anxiety disorder.
Contraindications (2)	Active hepatic disease or unexplained, persistent elevated liver enzymes. Pregnancy Breastfeeding	Hypersensitivity to valacyclovir penciclovir hypersensitivity	Hypersensitivity to hydroxychloroquine. Retinal or visual changes	hypersensitivity to sympathomimetic drugs, closed-angle glaucoma, anesthesia with halothane	Hypersensitivity to escitalopram. Concomitant therapy with pimozide
Side Effects/Adverse Reactions (2)	Anxiety, blurred vision, hepatic failure	Tremors, seizures, dyspnea, dehydration, alopecia	Seizures, vertigo, hypoglycemia, ventricular arrhythmias	Nausea, vomiting, sweating (Jones & Bartless, 2019).	Atrial fibrillation, acute renal failure, hepatic necrosis
Nursing Considerations (2)	Use cautiously in patients with hepatic or renal failure (Jones & Bartless, 2019). Give drug 1 hour before or 4 hours after giving cholestyramine or colestipol.	Use cautiously in patients who are elderly and those with impaired renal function. Monitor patients closely throughout valacyclovir therapy for CNS adverse reactions, especially in elderly	Monitor children closely for adverse reactions, such as nausea, vomiting, and loss of appetite. Monitor patients' vision, irreversible retina damage may occur in some patients.	May exacerbate chest pain, hypertension, and tachydysrhythmias.	Watch for signs of abuse or misuse; drug's potential for physical and psychological dependence is unknown. Expect to taper dosage to avoid serious adverse

		patients.			reactions when therapy is no longer needed.
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Monitor liver enzymes when this medication is given. Monitor patients BUN and serum creatinine levels for abnormal elevations. Monitor blood lipoprotein level to evaluate response to therapy.	Monitor kidney function in patients with kidney impairment or those receiving potentially nephrotoxic drugs (Jones & Bartless, 2019). Monitor for S&S of hypersensitivity; if present, withhold drug and notify physician.	Obtain periodic blood cell counts, as ordered, during prolonged therapy to detect adverse hematologic effects.	Monitor blood pressure, pulse, respirations, and urine output; observe patient closely. Epinephrine may widen pulse pressure.	Monitor patient (especially elderly patients) for hypo-osmolarity of serum and urine for hyponatremia. It may indicate escitalopram-induced syndrome of inappropriate ADH secretion.
Client Teaching needs (2)	Urge client to notify provider about muscle pain, tenderness, weakness, and other evidence of myopathy. Instruct client to take drug at bedtime, without regard to meals.	Inform patient that valacyclovir is not a cure for herpes. Tell mothers not to breastfeed during valacyclovir therapy.	Instruct patient to take drug with meals or milk to minimize stomach upset. Advice patient to notify prescriber if muscle weakness develops.	Do not inject epinephrine into the buttocks or any other part of your body such as fingers, hands, or feet or into a vein. Do not put your thumb, fingers, or hand over the needle	Inform patient that alcohol use isn't recommended while taking this medication. Warn patient not to stop taking drug

				area of the automatic injection device. If epinephrine is accidentally injected into these areas, get emergency medical treatment immediately.	abruptly. Explain that gradual tapering helps to avoid withdrawal symptoms (Jones & Bartless, 2019).

Hospital Medications (5 required)

Brand/Generic	**Enoxaparin (Lovenox)**	**Gabapentin/ (Gralise)**	**Metronidazole/ (Flagyl)**	**Ondansetron (Zofran)**	**Tramadol / (Ultram)**
Dose	40mg	100mg	200ml/hr.	2ml	50mg
Frequency	Q24H	BID	Q8H	PRN	PRN
Route	Subcutaneous injection	Oral	IVPB	IV push	Oral
Classification	Anticoagulant	Anticonvulsant	Nitroimidazole antimicrobials	Serotonin 5-HT_3 receptor antagonists	Opioid
Mechanism of Action	This drug is a blood thinner containing a low molecular weight heparin. The drug binds and accelerates the activity of an enzyme known as antithrombin III, which causes blood	Gabapentin's exact mechanism is unknown but gamma-aminobutyric acid (GABA) inhibits the rapid firing of neurons associated with seizures.	Undergoes intracellular chemical reduction during anaerobic metabolism.	This reduces nausea and vomiting by preventing the serotonin release in the small intestine.	Acts on pain receptors in the central nervous system and the brain to block pain signals to the rest of the body

	to clot by acting on a blood protein called fibrinogen				
Reason Client Taking	To prevent deep vein thrombosis from developing	To help treat inflammation.	To treat infections.	To treat the client's nausea.	To help treat moderate to severe pain.
Contraindications (2)	Active major bleeding, hypersensitivity to alcohol benzyl, pork products	Hypersensitivity to gabapentin or its components. Gabapentin use is contraindicated in patients with myasthenia gravis or myoclonus	Breastfeeding. Trichomoniasis during first trimester of pregnancy.	Hypersensitive to ondansetron or its components. Congenital long QT syndrome	Severe breathing problems, a blockage in your stomach or intestines, or if you have recently used alcohol, sedatives, tranquilizers, narcotic medication, or an MAO inhibitor
Side Effects/Adverse Reactions (2)	Pulmonary edema, atrial fibrillation, congestive heart failure (Jones & Bartless, 2019).	Acute renal failure, suicidal ideation, hypoglycemia	Upset stomach, dizziness, vomiting	Constipation, drowsiness, dizziness (Jones & Bartless, 2019).	Can cause respiratory distress, seizure, loss of appetite
Nursing Considerations (2)	Use with caution in patients with an increased	Know that gabapentin capsules may be opened	Use parenteral metronidazole with	Dilute drug in 50ml of saline solution	Do not give tramadol to children

	risk of hemorrhage Do not give this drug by IM injection	and mixed with applesauce, fruit juice or pudding. Administer Gralise brand with evening meal (Jones & Bartless, 2019).	extreme caution in patients with Cockayne syndrome due to hepatic failure occurring. Discontinue primary IV infusion during metronidazole infusion	when indicated. Know when used to treat postoperative nausea and vomiting in adults, drug is administered undiluted intramuscularly or intravenously.	under the age of 12. Tramadol should not be given to clients with a history of anaphylactic reactions to opioids (Jones & Bartless, 2019).
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor platelet count before administering and continue to monitor. If platelet count drops below 100,000 notify provider. Test stools for occult blood (Jones & Bartless, 2019).	Obtain vital signs before administering and monitor for any spike in fever as this is a side effect of this medication Assess the extremities to make sure there's no peripheral edema Assess their skin because this drug can cause the serious side effect of Stevens-Johnson syndrome	When Flagyl is prescribed for patients on this type of anticoagulant therapy, prothrombin time and INR should be carefully monitored (Jones & Bartless, 2019).	Monitor electrolytes. If they become imbalanced, they should be corrected before this medication is administered.	After administering tramadol, it is important to assess the respiratory and neurological status for changes
Client Teaching needs (2)	Urge patient to notify provider	Urge caregivers to watch closely	Urge patient to take this medication	Advise patient to use	Do not stop taking this

	about adverse reactions, especially bleeding. Instruct patient to seek immediate help for evidence of thromboembolism	for evidence of suicidal tendencies. Urge patient to keep follow-up appointments with prescriber to check progress	at evenly spaced intervals during the day with food. Urge the patient to complete the entire course of therapy (Jones & Bartless, 2019).	calibrated container or oral syringe to measure oral solution. Advise patient to immediately report signs of hypersensitivity, such as rash.	medication abruptly. Instruct client not to crush, chew, or split tablet.

Medications Reference (1) (APA):

Jones & Bartless Learning. (2019). *2019 Nurse's drug handbook* (18th ed.). Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient is alert and oriented X3 The patient does not seem to be in any distress. The patient's overall appearance looks good (hair is combed, patient is sitting up in bed and dressed).
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type:**	The patient's skin is dry and intact. The skin is white and warm. Normal turgor: 2+ The patient does not have any visible bruises. The patient does not have any rashes or wounds. Braden score: 23 IR abscess drain is present. The dressing is dry, intact, and clean. Dressing type: Stayfix Suction type: Accordion The tissue surrounding the drain is normal, no redness or swelling is present.
HEENT (1 point): **Head/Neck:** **Ears:**	The patient's head is symmetrical (midline with no deviations). The patient has brown hair. There is no balding

Eyes: **Nose:** **Teeth:**	or patches. The patient's ears are clear and pink with no drainage. The tympanic membrane is visible and is pearly grey. PEERLA is present. The patient wears glasses. The patient does not have nasal deviation. The oral mucosa is pink and moist. The patient's teeth are clean and look good.
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:**	The patient was in normal sinus rhythm. S1 and S2 present. The patients radial and pedal pulses are palpable and within normal limits. There is no peripheral edema. Normal capillary refill: less than 3 seconds. The patient has no neck vein distension.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient's breath sounds are clear throughout, and no labored breathing is present. The patient is not using accessory muscles. (RR is 16).
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 is on a regular diet at home but currently on a liquid diet here at the hospital. Height: 172.7cm Weight: 76.80 kg Normoactive bowel sounds are heard in all four quadrants. Last BM: 9-27-2021 There is no distension or wounds. There is a scar present on the right lower quadrant from her gallbladder being removed as well as an incision from the placement of the IR drain to remove fluids from her abscess.
GENITOURINARY (2 Points):	The patient's urine is clear and yellow.

Color: **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient is voiding regularly. The patient reports no pain or trouble with urination. The patient does report having frequency while urinating. The patient's genitals are clean and intact.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **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**☐	The patient has active ROM bilaterally. The patient is independent, ambulates around the room, and takes care of herself at home without any support devices. The patient has normal strength in all extremities. The patient is currently a moderate fall risk. Fall score: 35
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moves all extremities well. PERRLA is present. The patient's strength is equal on both sides and in upper/lower extremities. The patient is orientated, and mental status is normal. The patient's speech is clear and concise. The patient uses glasses and has no LOC. Hearing is intact with good acuity.
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 is a member of her Methodist church and attends every Sunday with her husband. She has a very good relationship with her older brother and sister who she visits with often. The patient is developed. The patient plays cards and listens to music to cope to stressors that may develop.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0748	76	149/89	16	97.88°F Oral	95% room air
1130	64	139/63	16	98.06°F Oral	97% room air

Vital Sign Trends: The clients vital signs are all normal besides the blood pressure. The client has a history of hypertension that is normally managed at home with medication.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0748	0-10	N/A	N/A	The patient reports no pain.	N/A
1130	0-10	N/A	N/A	The patient reports no pain.	N/A

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:**	Saline Lock The patient has a peripheral IV on the right forearm. Size: 20 gauge Date: 9-26-21 Patency: IV is patent and there is no signs of erythema or drainage. IV dressing is intact, clean and no sign of infiltration. There are currently no IV fluids running as the patient is being discharged soon.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

3354	1260

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was admitted to the surgical medical floor on 9-26-2021 after a CT scan performed located a 4cm abscess between her urinary bladder and sigmoid colon. The client had a non-pleura drain placed guided by CT and a CT of the abdomen/pelvis with IV contrast performed to drain the abscess.

Procedures/testing done: The client had a non-pleura drain placed guided by CT and a CT of the abdomen/pelvis with IV contrast performed

Complaints/Issues: The patient's only complaint is that is she still on a full liquid diet.

Vital signs (stable/unstable): The patients vital signs are stable. She has a history of hypertension and is on medication to maintain a normal blood pressure when at home.

Tolerating diet, activity, etc.: The patient is tolerating her full liquid diet well and is expected to be changed to a regular diet once discharged.

Future plans for client: The patient will see her primary physician and will have her drain removed once the abscess has been drained completely.

Discharge Planning (2 points)

Discharge location: The patient is being discharged to her home where she resides with her husband.

Home health needs (if applicable): The patient does not have any home health needs at this time.

Equipment needs (if applicable): The patient does not need any equipment.

Follow up plan: An appointment is already scheduled for the patient to follow up with her primary care physician in 6 days.

Education needs: The patient stated she doesn't need help with anything once she gets home.

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 client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection post IR drain insertion related to having a surgical procedure as evidenced by post-surgical dressing	This patient is at risk for infection at the site of insertion for her IR drain as dressing changes and assessments will be necessary once discharged.	Assess vital signs and observe and observe for signs of infection. Infection may be evidenced by fever and can be accompanied by respiratory distress. Teach the patient and caregiver how to perform proper hand hygiene to maintain patient safety and reduce the risk of infection.	Goals: To maintain hand hygiene to avoid infection from occurring during dressing changes. The client and caregiver responded well to understanding the important of reducing the risk of infection. They seemed well prepared with cleaning procedures and already purchased items such as gauze and gloves to help prevent infection from occurring.
2. Risk for imbalanced nutrition related to inadequate calorie intake as	The patient has been on a full liquid diet and although she is tolerating it well,	Help the patient to select appropriate dietary choices to follow a low-fat high fiber diet.	The goal is to demonstrate and maintain a healthy eating pattern and choices for this patient

	evidenced by patients limited diet upon her stay at the hospital.	she seems eager to return to a regular diet.	Refer the patient to a dietician to provide a more specialized care int terms of nutrition and diet in relation to post-surgical status.	to reduce her risk of another abscess forming. The client stated that she will "incorporate more foods high in fiber into her diet."
3.	Constipation related to inflammatory process of diverticulitis as evidenced by type 1-2 stools on Bristol stool chart	The patient has normoactive bowel sounds heard in all four quadrants, but her last bowel movement was 9-27-2021.	Increase oral fluid intake as tolerated. Administer laxatives as prescribed, if necessary. Encourage physical mobility and exercise as tolerated.	The goal for this patient is to re-establish a normal bowel elimination. The patient stated she isn't worried because she "has normal bowel movements at home" but understands the importance of increasing her fluid intake.
4.	Deficient knowledge related to lack of information regarding predisposing factors and prevention of reoccurring urinary tract infections.	The patient has had reoccurring urinary tract infections for the last four months. She has been on antibiotics previously with no relief.	Avoid urinary irritants such as coffee, tea, colas, and alcohol. Encourage frequent voiding every 2 to 3 hours to empty the bladder completely. This can significantly lower urine bacterial counts and prevent reinfection	The goal is to avoid the patient from having any complications or pain with urination. The patient understood that care to reduce risks for UTI's must continue at home because it has a high recurrence rate.

Other References (APA):

Swearingen, P. L. (2016). *All-in-one nursing care planning resource: Medical-surgical, pediatric, maternity, psychiatric nursing care plans*. St. Louis, MO: Elsevier/Mosby.

Concept Map (20 Points)

Subjective Data

The patient stated, "I was having reoccurring urinary tract infections for the last four months and my provider finally ordered a CT scan where they found a 4 cm abscess that needed to be drained."

The patient also stated, "I have not had any pain at all, but I think my pain tolerance is higher than normal."

Nursing Diagnosis/Outcomes

Risk for infection post IR drain insertion related to having a surgical procedure as evidenced by post-surgical dressing.
Outcome- The patient stated her husband already purchased gloves and gauze to help reduce the risk of infection and understands the procedure while changing her dressing. She stated "I will wash my hands before and after I touch near the insertion site. This goal was met.
Risk for imbalanced nutrition related to inadequate calorie intake as evidenced by patients limited diet upon her stay at the hospital.
Outcome- The patient is looking forward to being removed from her all-liquid diet and stated, "I will start with a small meal once I get home."
Constipation related to inflammatory process of diverticulitis as evidenced by type 1-2 stools on Bristol stool chart.
Outcome- The patient understands even though she is being removed from an all-liquid diet that it is important for her to maintain a good fluid intake to keep her bowels moving. The patient stated "I will try to drink more water throughout the day"
related to lack of information regarding predisposing factors and prevention of reoccurring urinary tract infections.
Outcome- The patient stated, "I couldn't understand why I kept getting urinary tract infections" but understands the steps to prevent them once she gets home.

Objective Data

Height- 172.7 cm
Weight- 76.80 kg

Vital Signs at 1130
BP- 139/63
Temp- 98.06˚ F
RR-17
Pulse-64
Oxygen- 97%

Client Information

51-year-old female
Caucasian
Full code
Admitted on 9-26-21 once seen by her PCP to remove abscess fluids.
Allergic to latex and sulfa drugs

Nursing Interventions

Assess vital signs and observe and observe for signs of infection. Infection may be evidenced by fever and can be accompanied by respiratory distress. Teach the patient and caregiver how to perform proper hand hygiene to maintain patient safety and reduce the risk of infection.
Help the patient to select appropriate dietary choices to follow a low-fat high fiber diet. Refer the patient to a dietician to provide a more specialized care int terms of nutrition and diet in relation to post-surgical status. Increase oral fluid intake as tolerated. Administer laxatives as prescribed, if necessary. Encourage physical mobility and exercise as tolerated.
Avoid urinary irritants such as coffee, tea, colas, and alcohol. Encourage frequent voiding every 2 to 3 hours to empty the bladder completely. This can significantly lower urine bacterial counts and prevent reinfection.