N321 Care Plan #1

Lakeview College of Nursing

Kaniqua Barnes-McMillian

Demographics (3 points)

Date of Admission 09/24/2021	Patient Initials R.L	Age 62	Gender Malw
Race/Ethnicity White	Occupation n/a	Marital Status Divorced	Allergies Zoycyn
Code Status Full code	Height 178.5 cm	Weight 67.5 kg	

Medical History (5 Points)

Past Medical History:GERD, nasopharyngeal cancer

Past Surgical History: Hernia repair, foreign body removal, and foreign body removal

Family History: N/A

Social History (tobacco/alcohol/drugs): Former smoker for 20 years

Assistive Devices: Port (03/05/2021)

Living Situation: Home with his girlfriend

Education Level: Associate degree in civil engineer

Admission Assessment

Chief Complaint (2 points): Possible port infection and back and chest pain

History of present Illness (10 points): On 09/24/2021, the patient admitted himself to the hospital because he stated " my port seem to be infected ". Before the 24th , the patient denied noticing anything else about the port being infected (Onset). The port is located on his chest and around the he notice redness and warm to touch (location). The redness did not seem to go away after the day continue so he went to the hospital (Duration). The area around the port was describe to be red and warm to touch (characteristics). The patient

denied feeling sick or unusual (associated). The patient did not attempt to do anything to get rid of the redness and warmth of the area (relieving and treatment).

Primary Diagnosis

Primary Diagnosis on Admission (2 points):Port infection

Secondary Diagnosis (if applicable):Pneumonia, Right pleural fusion

Pathophysiology of the Disease, APA format (20 points): Pneumonia is when the lung tissue is inflamed which means the alveolar air spaces are filled with purulent, inflammatory cells and fibrin (Capriotti, 2020). The infection can be bacteria or viruses which are the two most common (Capriotti, 2020). The patient was unaware that there was even a chance that he had pneumonia and was diagnosed on the day of his admission. The clinical presentation usually starts with cough, fever, chills, chest pain, and dyspnea (Capriotti, 2020). The patient states " I have very bad chest and back pain". In order to diagnose pneumonia the patient have to get a chest x-ray done, CBC with differential which will tell if it's a bacteria or virus (Capriotti, 2020). The patient can also have physical changes such as tachycardia, tachypnea, and the use of accessory muscles (Capriotti, 2020). The patient is usually treated with antibiotic therapy and oxygenation if needed (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical*

perspectives. Philadelphia: F.A. Davis.

Laboratory Data (15 points)

CBC <mark>Highlight All Abnormal Labs</mark>—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	3.90-4.98x10^6/mcL	<mark>**3.20**</mark>	<mark>**3.38**</mark>	Cancer can cause the patient RBC to be low
Hgb	12.0-15.5g/dL	<mark>**9.4**</mark>	<mark>**9.8**</mark>	The patient Hgb levels can be low because of his cancer.
Hct	35-45%	<mark>**28.4**</mark>	<mark>**30.0**</mark>	High levels of Hct is caused by dehydration, the patient made need more fluid intake (Capriott, 2020 High levels of Hct is caused by dehydration, the patient made need more fluid intake (Capriott, 2020).).
Platelets	140-400K/mcL	<mark>**510**</mark>	<mark>**581**</mark>	The patient has an port infection which is why the platelets level is high (Capriott, 2020).
WBC	4.0-9.0K/mcL	<mark>**15.9**</mark>	<mark>**14.9**</mark>	The patient has an port infection which is why the platelets level is high (Capriott, 2020).
Neutrophils	40-70%	<mark>**84.3**</mark>	<mark>**77.3**</mark>	The patient has an port infection which is why the platelets level is high (Capriott, 2020).
Lymphocytes	10-20%	**9.7**	**11.0**	
Monocytes	3.0-13.0%	**5.8**	**8.4**	
Eosinophils	0.0-10.0%	**3.5**	**2.5**	
Bands	0.0-10.0%	**n/a**	**n/a**	

Chemistry <mark>Highlight All Abnormal Labs</mark>—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-	135-145mmol/L	**141**	**138**	
K+	3.5-5.1mmol/L	**5.0**	**4.7**	
Cl-	98-107mmol/L	**105**	**98**	

CO2	22-29mmol/L	31	32	
Glucose	70-99mg/dL	98	87	
BUN	7-18mg/dL	9	10	
Creatinine	0.50-1.00mg/dL	N/a	N/a	
Albumin	3.5-5.2g/dL	N/a	N/a	
Calcium	8.4-10.5mg/dL	N/a	N/a	
Mag	1.6-2.6mg/dL	N/a	N/a	
Phosphate	2.4-4.5 units/L	N/a	N/a	
Bilirubin	.3-1.0 mg/dL	N/a	N/a	
Alk Phos	34-104 units/L	N/a	N/a	
AST		N/a	N/a	
ALT		N/a	N/a	
Amylase		N/a	N/a	
Lipase		N/a	N/a	
Lactic Acid		N/a	N/a	

Other Tests <mark>Highlight All Abnormal Labs</mark>—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	2-3 seconds	N/a	N/a	
PT		N/a	N/a	

PTT		**N/a**	**N/a**	
D-Dimer		**N/a**	**N/a**	
BNP		**N/a**	**N/a**	
HDL		**N/a**	**N/a**	
LDL		**N/a**	**N/a**	
Cholesterol		**N/a**	**N/a**	
Triglycerides		**N/a**	**N/a**	
Hgb A1c		**N/a**	**N/a**	
TSH		**N/a**	**N/a**	

Urinalysis <mark>**Highlight All Abnormal Labs**</mark>**—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**	**N/a**	**Light yellow**	
pH	**5.0-9.0**	**N/a**	**8.0**	
Specific Gravity	**1.003-1.013**	**N/a**	<mark>**1.021**</mark>	The patient levels can be high because he is dehydrated (Capriott, 2020).
Glucose	**Negative**	**N/a**	**negative**	
Protein	**Negative**	**N/a**	**negative**	
Ketones	**Negative**	**N/a**	**negative**	
WBC	**0.0-0.5**	**N/a**	**N/a**	
RBC	**0.0-3.0**	**N/a**	**N/a**	
Leukoesterase	**Negative**	**N/a**	**negative**	

Cultures <mark>Highlight All Abnormal Labs</mark>—**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	N/a	N/a	
Blood Culture	Negative	N/a	N/a	
Sputum Culture	Negative	N/a	N/a	
Stool Culture	Negative	N/a	N/a	

Lab Correlations Reference <mark>(1)</mark> **(APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical*

perspectives. Philadelphia: F.A. Davis.

Malarkey, L. M., & McMorrow, M. E. (2012). *Saunders nursing guide to laboratory and*

diagnostic tests. St. Louis, MO: Elsevier/Saunders.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

EKG- records the electrical signals in your heart

X RAY for the chest- The xray is used to look at the structure and organs in your chest.

Diagnostic Test Correlation (5 points):

EKG was used the patient claim to have chest pain and the Xray of the chest was used

because the patient also complained of back pain.

Diagnostic Test Reference <mark>(1)</mark> **(APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical*

perspectives. Philadelphia: F.A. Davis.

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Aspirin EC	Benazepric	Amlodpine Norvacs			
Dose	81mg	100mg	50mg			
Frequency	Daily	TID	BID			
Route	PO	PO	PO			
Classification	Salicylate and NSAID (Jones, 2020).	Antihypertensive and angioutension (Jones, 2020).	Beta-blocker and antihypertensive (Jones, 2020).			
Mechanism of Action	"Blocking of cyclooxygenase and inhibition of prostaglandins, inflammation symptons subside and pain relief" (Jones,2020).	"Has the ability to reduced the blood pressure of the patient by binding with the medication" (Jones,2020).	"It helps stimulate beta-blocker with heat" (Jones,2020).			
Reason Client Taking	To relieve mild pain or fever	To reduce hypertension	To manage hypertension			
Contraindications (2)	Active bleeding and breastfeeding (Jones, 2020).	Severe hepatic impairment and active liver disease (Jones, 2020).	Hypersensitive to metoprolol and its components (Jones, 2020).			
Side Effects/Adverse Reactions (2)	CNS depression and GI bleeding (Jones, 2020).	Anxiety and dizziness (Jones, 2020).	Anxiety and confusion (Jones, 2020).			
Nursing Considerations (2)	**Make sure the patient isn't bleeding and watch for adverse reactions.**		**Hypersensitive to metoprolol and watch for adverse reactions.**			

Hospital Medications (5 required)

Brand/Generic	Tetracycline	Pantoprazole protonix				
Dose	100mg	40units				
Frequency	Daily	Daily				
Route	PO	PO				
Classification	antibiotic (Jones, 2020).	Proton pump inhibitor and antiulcer(Jones, 2020)				
Mechanism of Action	"effect against gram positive and negative organisms " (Jones,2020)	"Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosin triphosphate enzyme system" (Jones,2020).				
Reason Client Taking	To treat infections	To treat erosixe esophagitis associated with GERD				
Contraindications (2)	Hypersensitivity to tetracycline (Jones, 2020).	Hypersensitive to pantoprazole and				

		benzimidazoles (Jones, 2020).				
Side Effects/Adverse Reactions (2)	Dizziness and light head (Jones, 2020).	C-diff and hepatic failure (Jones, 2020).				
Nursing Considerations (2)						

Medications Reference (1) (APA):

Jones, D.W. (2020). Nurse's drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett

    Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient was alert and oriented to person, place, time, and situation. (x4) Patient was showing signs of distress and had back and chest pain. The patient stated, " That the medication is not working, I need something stronger". Overall physical appearance was as if he didn't take care of himself to well.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Patient skin was warm, pink, and felt normal. The patient. The skin turgor is less than 3.The patient has no risk of skin break down to the fact that he is mobile. The patient skin is redden near where his port was placed.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient head appear to be normocephalic. The neck seems to be symmetrical. The patient was able to hear me very well. There were no obvious signs of hearing loss. The patient eyes show PERRLA. He was able to follow EOM and accommodation. The patient mouth was appear to be clean .The patient had difficulty swallowing is medication.
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 were heard. I was not able to hear S3 or S4. The heartbeat seemed to be regular. I did not hear any murmur or anything unusual. I was able to palpate carotid, radial, and brachial pulses in both arms. Capillary refill was than 3.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lung sounds were normal no wheezing or crackling The respiration rate was 16, which is normal. The patient oxygen level was 99%, which is also normal using room air..
GASTROINTESTINAL (2 points):	The patient states that at home he usually eat

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:
	whatever he wants.
	The patient height is 178.5cm.
	The patient weight is 67.5kg.
	I was able to see bowel sounds in all 4 quadrants. The patient last bowel movement was today this morning. The patient does not have an Ostomy or any feeding tubes or PEG tube. The patient has an port inserted for his medication for his cancer.

GENITOURINARY (2 Points):
Color:
Character:
Quantity of urine:
Pain with urination: Y ☐   N ☒
Dialysis: Y ☐   N ☒
Inspection of genitals:
Catheter: Y ☐   N ☐
  Type:
  Size:
	The patient did urinate once when I was there. I ask the patient did he noticed anything unusual, like color or smell of his urine. The patient mention there was nothing unusual about their urine and they were able to go regularly. The patient is not on dialysis or does not have a catheter. The patient is able to go to bathroom by himself.

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 neurovascular status seems to be intact. The patient has control of all their senses. The client was able to display passive ROM in all extremities. The patient was able to display opposition with both hands. The patient does not need support when ADLs. The patient is not at risk at falling.**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -**	**The patient is able to move both arms and legs. Eyes show PERLA signs. The patient has some strength and extremities. The patient is A&O x3 and is alert and no signs of distress.**

Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	
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):**	**I asked the patient how does he feel and he stated, " I just want to get better so I can go home". The patient does not seem to be eager about life. The patient is not religious.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0920	**81**	**99/62**	**16**	**37**	**94**
1007	**72**	**115/74**	**18**	**37.3**	**95**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	**1-10**	**Right lower back**	**8**	**throbbing**	**Morphine**
0920	**1-10**	**Right lower back**	**7**	**throbbing**	**Redirect with television**

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:**	20G Left arm 09/24/2021 Peripheral No signs or erythema or drainage

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
425	140

Nursing Care

Summary of Care (2 points)

     Overview of care:

The patient was admitted to the hospital because of a port infection and found out he had pneumonia. The patient is going to be in the hospital until the infection is clear.

     Procedures/testing done:

The patient had sputum test and lab work done.

     Complaints/Issues:

The major complaint of the patient was that he is pain.

     Vital signs (stable/unstable): His vital signs were stable

     Tolerating diet, activity, etc.:The client did not need any assistant with ADLs

     Physician notifications: n/a

     Future plans for patient: The patient is hoping to be educated on how to prevent port inefctions.

Discharge Planning (2 points)

     Discharge location: The Patient is planning to go back home with his girlfriend.

     Home health needs (if applicable): not applicable

     Equipment needs (if applicable): not applicable

     Follow up plan: The patient will visit his doctor in 2 weeks once he is discharge from the hospital

Education needs: The patient needs to be educated on trying to prevent port infections.

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. **Pain: Pain was related to cancer evidenced by the patient stating it didn't start until he was diagnosed with cancer.**	**The nursing diagnosis was chosen because the patient was very uncomfortable and in intensive pain majority of the time.**	**1.Offer the patient a massage where the pain is located.** **2.The patient enjoyed watching the TV so it can be a distraction to not focus on the pain.**	• **The patient seemed in extreme distressed and was very uncomfortable.** • **The main goals were to relieve the pain, which nurses were getting in contact with the doctor. The outcome is to hopefully relieve the patient's pain.**
2. **Comfort impaired: The patient is uncomfortable is related to having extreme pain**	**The nursing diagnosis was chosen because the patient pain level is high.**	**1. I will check on his pain level after his medication is administer.** **2.I will also offer a massage to hopefully**	1. **The patient outcome was not met because his pain only went down to a level 7.** 2. **The patient**

and is evidenced by the patient rating his pain 8 out of 10.		make him more comfortable.	outcome was not met because he was still in pain.
3. Breathing pattern, ineffective: related to having pneumonia and evidenced by being diagnosed with pneumonia.	The nursing diagnosis was chosen because patient has pneumonia, which can cause him to be uncomfortable	1. I will adjust patient to semi fowler's position to help him be more comfortable. 2. I will assist patient to lateral position to be more comfortable.	1.) The patient outcome was not met because he was still in pain. 2.) The patient outcome was not met because he is still in pain.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient stated " my pain is located on my right lower back and chest.

Pain: Pain was related to cancer evidenced by the patient stating it didn't start until he was diagnosed with cancer
The patient seemed in extreme distressed and was very uncomfortable.
The main goals were to relieve the pain, which nurses were getting in contact with the doctor. The outcome is to hopefully relieve the patient's pain
Comfort impaired: The patient is uncomfortable is related to having extreme pain and is evidenced by the patient rating his pain 8 out of 10.
The patient outcome was not met because his pain only went down to a level 7.
The patient outcome was not met because he was still in pain.
Breathing pattern, ineffective: related to having pneumonia and evidenced by being diagnosed with pneumonia.
The patient outcome was not met because he was still in pain.
The patient outcome was not met because he is still in pain.

Nursing Diagnosis/Outcomes

mm

Objective Data

The patient has pneumonia which can cause chest pain
The patient has cancer which can cause pain in the body.

Patient Information

The patient is a 62 old male with history of GERD, and nasopharyngeal cancer. The patient was admitted on 09/24/2021 due to having chest pain and lower right back pain.

Nursing Interventions

1.Offer the patient a massage where the pain is located.

2.The patient enjoyed watching the TV so it can be a distraction to not focus on the pain.
3. I will check on his pain level after his medication is administer.
.4.) I will also offer a massage to hopefully make him more comfortable.
5.) The patient outcome was not met because he was still in pain.
6.) The patient outcome was not met because he is still in pain.