N431 Care Plan 1

Lakeview College of Nursing

Tuan Nguyen

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
10/1/2021	S. C	87 years old	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Retired	Married	Bactrim
Code Status	**Height**	**Weight**	
Full	167 cm (5’4”)	80.4 kg (177.3 lbs)	

Medical History (5 Points)

Past Medical History: The client has a history of atrial fibrillation, anemia, dementia, high cholesterol, hypertension, benign prostatic hyperplasia (BPH), aortic stenosis, chronic systolic failure, type II diabetes, coronary artery disease (CAD), congestive heart failure (CHF), chronic kidney disease (CKD), acute kidney injury (AKI), and cardiomyopathy.

Past Surgical History: The client had a cystoscopy on 2/12/2021 and an open-heart surgery sometime in 2014.

Family History: The client's brother has a history of strokes.

Social History (tobacco/alcohol/drugs): The client has never used harmful or recreational drugs and does not drink alcohol. He is a former smoker who quit 7 years ago after his open-heart surgery. He stated that he would smoke about 2 packs of cigarettes a day for about 40 years, putting him at 80 pack-years.

Assistive Devices: The client wears glasses and uses a walker at home and in the hospital.

Living Situation: The client lives in a comfortable and clean home with his wife.

Education Level: The client graduated from high school and went straight to the air force. He did not attend college, and he stated that he does not have any learning impairments.

Admission Assessment

Chief Complaint (2 points): Pallor of skin, weakness, fatigue, and shortness of breath

History of present Illness (10 points): An 87-year-old male was admitted on 10/1/2021 for suspected GI bleed and complaints of pale skin, weakness, and shortness of breath. He denies any pain and reported that his symptoms started "some time" during the evening of 9/30/2021. He states that he noticed bloody stool during his BM on 9/30/2021, which suggests a possible GI-related issue within his body. The client states that while he does not experience bloody stools or shortness of breath anymore, he still feels weakness and fatigue intermittently and is weak in the morning at around 0730 hours. He does not have any pain or discomfort but states that he feels weak and fatigued that is intermittent and “comes and goes” and makes him want to sit or lay down. He states that any activity that involves physical activity exacerbates his fatigue and weakness. Sitting and laying down to rest helps him feel better. The client states that he does not take any medication to help relieve his fatigue or weakness.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Gastrointestinal bleed

Secondary Diagnosis (if applicable): Anemia

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

A gastrointestinal bleed (GI bleed) is a rupture, tear, or perforation of the esophageal, gastric lining, or intestines resulting in various amounts of bleeding depending on the extent of damage (Capriotti, 2020). Several disorders, such as peptic ulcer disease, esophageal varices, Mallory-Weiss syndrome, esophageal cancer, and hemorrhagic gastritis, cause GI bleeding (Capriotti, 2020). Depending on the cause and degree of damage, a GI bleed is either acute or chronic. Acute GI bleeds can cause hypovolemic shock, anxiety, hypotension, weakness, shortness of breath, tachycardia, tachypnea, pale skin, and a change in mental status (Capriotti,

2020). Chronic GI bleeds can result in fatigue, low hemoglobin, low iron levels, and melena (Capriotti, 2020). The client, during clinical, stated that he saw blood in his stool (melena) before admission. He also stated that he had pale skin, weakness, fatigue, shortness of breath upon admission, and weakness and fatigue during clinical.

Other signs and symptoms can also manifest in laboratory values. Due to blood loss, lab values such as RBC, Hgb, and iron levels will be low, and BUN levels will typically be high in a client with a GI bleed (Capriotti, 2020). In addition, clients who lose blood will experience a loss in fluid volume and will experience fluctuations in their blood pressure and pulse (Capriotti, 2020). The blood pressure will typically be low due to fluid volume loss, and the heart rate will usually be high since the heart must compensate and pump faster (Capriotti, 2020). Concerning the client during clinical, he had an abnormally low RBC value of $2.91x10^6$/mcL, an abnormally low Hgb value of 8.2 g/dL, an abnormally low Hct value of 24.8%, and an abnormally high BUN value of 77 mg/dL during clinical. While the client's vital signs were overall within defined limits, his blood pressure was in the lower end of 105/64 mmHg at 1204 hours and then stabilized throughout clinical to 125/58 mmHg at 1350 hours during the blood transfusion.

GI bleeds can be diagnosed with a complete blood count (CBC), endoscopy, and a stool sample. The client, during clinical, participated in a CBC, which showed evidence of blood loss since his RBC, Hgb, Hct, and platelet levels were low and had a high BUN value. In addition, the client also had an esophagogastroduodenoscopy (EGD) scheduled for the following day, which is a diagnostic test used to examine the lining of the esophagus, stomach, and duodenum for any problems (MedlinePlus, 2021).

Treatment for acute GI bleed involves rapid fluid replacement, blood transfusions, injecting sclerosing agents or fibrin glue, electrocoagulation, laser and argon coagulation, and

band ligation (Capriotti, 2020). Chronic GI bleed focuses on a pharmacologic approach using omeprazole and sucralfate, a medication with a viscous adhesive property that can repair gastric lining if there are ulcerations present (Capriotti, 2020). The client uses omeprazole as one of the medications that the client takes at home for treatment. He received a blood transfusion at around 1130 hours during clinical rotation and was encouraged to increase his oral intake of water.

Pathophysiology References (2) (APA):

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

MedlinePlus. (2021, October 5). *EGD-esophagogastroduodenoscopy*. https://medlineplus.gov/ency/article/003888.htm

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	3.80-5.41x10^6/mcL	1.95	2.91	The client has a secondary diagnosis of anemia due to potential GI bleeding. (Pagana et al., 2018)
Hgb	11.3-15.2 g/dL	5.3	8.2	The client has a secondary diagnosis of anemia due to potential GI bleeding. (Pagana et al., 2018)
Hct	33.2-45.3%	16.8	24.8	The client has a secondary diagnosis of anemia due to potential GI bleeding. (Pagana et al., 2018)
Platelets	149-393 K/mcL	104	84	The client may be losing platelets due to potential hemorrhage and GI bleeding.

				(Pagana et al., 2018)
WBC	4.0-11.7 K/mcL	15.0	11.1	The body may be under the hormonal influence of epinephrine due to hemorrhage and GI bleeding. (Pagana et al., 2018)
Neutrophils	45.3-79.0%	N/A	N/A	N/A
Lymphocytes	11.8-45.9%	14.0	N/A	N/A
Monocytes	4.4-12.0%	18.0	N/A	The client has type II diabetes which is associated with chronic inflammation and can increase monocytes. (Pagana et al., 2018)
Eosinophils	0.0-6.3%	1.0	N/A	N/A
Bands	0.0-10.0%	1.0	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-	136-145 mmol/L	138	141	N/A
K+	3.5-5.1 mmol/L	4.6	3.6	N/A
Cl-	98-107 mmol/L	104	105	N/A
CO2	21-31 mmol/L	26	30	N/A
Glucose	74-109 mg/dL	150	107	The client has type II diabetes mellitus. (Pagana et al., 2018)
BUN	7-25 mg/dL	82	77	The client has GI bleeding, which can cause an increase in BUN levels. (Pagana et al., 2018)

Creatinine	0.70-1.30 mg/dL	2.48	2.09	The client has a history of acute kidney injury and congestive heart failure. (Pagana et al., 2018)
Albumin	3.5-5.2 g/dL	3.3	N/A	The client has type II diabetes, which is an inflammatory disease and can reduce albumin levels. (Pagana et al., 2018)
Calcium	8.6-10.3 mg/ dL	9.2	8.0	The client has chronic kidney disease. (Pagana et al., 2018)
Mag	1.5-2.5 mg/dL	N/A	N/A	N/A
Phosphate	2.4-4.5 units/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	0.3	N/A	N/A
Alk Phos	34-104 units/L	66	N/A	N/A
AST	13-39 U/L	24	N/A	N/A
ALT	7-52 U/L	20	N/A	N/A
Amylase	60-100 U/dL	N/A	N/A	N/A
Lipase	0-160 U/L	N/A	N/A	N/A
Lactic Acid	0.5-1.5 mEq/L venous	N/A	1.3	N/A
Troponin	<0.03	N/A	N/A	N/A
CK-MB	3-5	N/A	N/A	N/A
Total CK	55-170 (Males) 30-135 (Females)	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	1-2	2.65	1.22	The client took oral anticoagulants (warfarin) at home and received a blood transfusion with anticoagulants in the banked blood. (Pagana et al., 2018)
PT	10-12 seconds	29.5	15.8	The client took oral anticoagulants (warfarin) at home and received a blood transfusion with anticoagulants in the banked blood. (Pagana et al., 2018)
PTT	30-45 seconds	N/A	N/A	N/A
D-Dimer	Negative, less than 250 mg/mL	N/A	N/A	N/A
BNP	Less than 100 pg/mL	119	N/A	The client has a history of congestive heart failure and hypertension. (Pagana et al., 2018)
HDL	Less than 60 mg/dL	N/A	N/A	N/A
LDL	Less than 100 mg/dL	N/Av	N/A	N/A
Cholesterol	Less than 200 mg/dL	N/A	N/A	N/A
Triglycerides	Less than 150 mg/dL	N/A	N/A	N/A
Hgb A1c	Less than 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,	N/A	N/A	N/A

	clear			
pH	5.0 – 8.0	N/A	N/A	N/A
Specific Gravity	1.005 – 1.034	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0-0.5	N/A	N/A	N/A
RBC	0 - 3	N/A	N/A	N/A
Leukoesterase	Negative	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 Range	Value on Admission	Today's Value	Explanation of Findings
pH	N/A	N/A	N/A	N/A
PaO2	N/A	N/A	N/A	N/A
PaCO2	N/A	N/A	N/A	N/A
HCO3	N/A	N/A	N/A	N/A
SaO2	N/A	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	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's diagnostic and laboratory test reference* (6th ed.). St. Louis, Mo. Mosby.

Sarah Bush Lincoln Center Hospital System. Medical Values

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Complete Blood Count (CBC)

- Results showed:
  - The client has an abnormally low RBC value of 1.95 x10^6/mcL on admission and 2.91 x10^6/mcL during clinical.
  - The client has an abnormally low Hgb value of 5.3 g/dL on admission and 8.2 g/dL during clinical.
  - The client has an abnormally low Hct value of 16.8% on admission and 24.8% during clinical.
  - The client has an abnormally high BUN value of 82 mg/dL on admission and 77 mg/dL during clinical.
  - An abnormally low platelet value of l04 K/mcL on admission and 84 during clinical.

Esophagogastroduodenoscopy (EGD)

- Pending. Diagnostic test ordered during clinical on 10/4/2021.

Diagnostic Test Correlation (5 points):

Complete Blood Count (CBC)

- A CBC is a diagnostic procedure used to investigate any disorder in the body by providing the percentage number of various cells and electrolytes affected in the body, such as RBCs, WBCs, platelets, Hgb, and Hct (Capriotti, 2020). Upon the client's admission, his provider ordered a CBC to see the extent of damage and blood loss that the client experienced related to his GI bleed and anemia.

Esophagogastroduodenoscopy (EGD)

- An EGD is a diagnostic tool that involves the insertion of a fiberoptic tube with a camera attached down the client's mouth and throat into the digestive tract to inspect the esophagus, stomach, and small intestines for any problems from within (Hinkle & Cheever, 2018). An EGD was ordered during the clinical day (10/4/2021) to take place on 10/5/2021 to visualize the client's digestive tract and hopefully determine what causes the GI bleeding.

Diagnostic Test Reference (1) (APA):

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

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

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

Home Medications (5 required)

Brand/ Generic	**Amiodarone CORDARONE**	**Warfarin COUMADIN**	**Omeprazole PRILOSEC**	**Tamsulosin FLOMAX**	**Gabapentin NEURONTIN**
Dose	400 mg	2.5 mg	20 mg	0.4 mg	100 mg
Frequency	Daily	Daily	Daily	Daily	HS
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharmacologic Class:** Benzofuran derivative **Therapeutic Class:** Class III antiarrhythmic	**Pharmacologic Class:** Coumarin derivative **Therapeutic Class:** Anticoagulant	**Pharmacologic Class:** Proton pump inhibitor **Therapeutic Class:** Antiulcer	**Pharmacologic Class:** Alpha adrenergic antagonist **Therapeutic Class:** Benign prostatic hyperplasia (BPH) agent	**Pharmacologic Class:** 1-amino-methyl cyclohexaneacetic acid **Therapeutic Class:** Anticonvulsant
Mechanism of Action	This medication acts on cell membranes, prolonging repolarization and refractory period and raising ventricular fibrillation threshold.	This medication interferes with the liver's ability to synthesize vitamin K-dependent clotting factors. It depletes clotting factors II, VII, IX, and X, which interferes with the clotting cascade and prevents coagulation.	This medication interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine-triphosphatase-enzyme system, or proton pump, in gastric parietal cells and blocks the exchange of intracellular H^+ and extracellular K^+, which prevents HCl	This medication blocks $alpha_1$-adrenergic receptors in the prostate, which inhibits smooth muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra. Inhibited smooth muscle contractions result in an improved rate of urine flow	This medication inhibits the rapid firing of neurons associated with seizures and exaggerated responses to painful stimuli.

	(Jones, 2020)	(Jones, 2020)	from forming. (Jones, 2020)	and reduce symptoms of BPH. (Jones, 2020)	(Jones, 2020
Reason Client Taking	The client is taking this medication to treat and prevent ventricular fibrillation, ventricular tachycardia, and arrhythmias. (Jones, 2020)	The client is taking this medication to prevent thromboembolic complications from atrial fibrillation and heart valve replacement. (Jones, 2020)	The client is taking this medication as a prophylaxis to prevent gastroesophageal reflux disease. (Jones, 2020)	This client is taking this medication to treat BPH. (Jones, 2020)	The client is taking this medication as a prophylaxis to prevent seizures. (Jones, 2020)
Contraindications (2)	Contraindications include hypersensitivity to amiodarone or its components and bradycardia that causes syncope. (Jones, 2020)	Contraindications include hypersensitivity to warfarin or its components and malignant or severe uncontrolled hypertension. (Jones, 2020)	Contraindications include hypersensitivity to omeprazole or other proton pump inhibitors and concurrent therapy with rilpivirine-containing products. (Jones, 2020)	Contraindications include hypersensitivity to tamsulosin or its components and if taken with other similar medicines such as quinazolines. (Jones, 2020)	Contraindications for this drug include hypersensitivity to gabapentin and alcohol consumption. (Drugs.com, 2021)
Side Effects/Adverse Reactions (2)	Side effects include heart failure and hypotension. (Jones,	Side effects include hypotension, and abdominal cramps, and pain. (Jones,	Side effects include hypoglycemia and hypertension.	Side effects include arrhythmia and atrial fibrillation.	Side effects include hypotension and hypoglycemia.

	2020)	2020)	(Jones, 2020)	(Jones, 2020)	(Jones, 2020)
Nursing Considerations (2)	1) Monitor vital signs and oxygen levels often during and after giving amiodarone. 2) Keep emergency resuscitation equipment and drugs nearby in case of emergent adverse effects.	1) Monitor the client for persistent, severe, sudden, or unusual signs and symptoms, as warfarin therapy may cause many adverse reactions, including calciphylaxis, a syndrome of blood clots, calcification of bloo	1) Give omeprazole before meals, preferably in the morning for once-daily dosing. 2) Monitor the client for hypomagnesemia, especially if the client is on long-term therapy.	1) Administer this medication about 30 minutes after the same meal each day. 2) Monitor the client for orthostatic hypotension if the client takes this medication on an empty stomach.	1) This medication may be opened and mixed with applesauce, juice, and water before giving to the client. 2) Monitor the client for hypersensitivities, such as fever or lymphadenopathy suggestive of drug reaction with eosinophilia and systemic symptoms (DRES

		d vessels, and skin necrosis. Discontinue if mentioned signs and symptoms occur. 2) Monitor the client's INR and make sure it is within the therapeutic level of 2.0 to 3.0. (Jones, 2020)			S). (Jones, 2020)
Key Nursing Assessment(s) /Lab(s) Prior to Administratio	Assess the client's thyroid hormone levels since	Assess the client's INR and for any signs of bleeding	Assess the client's current bone health since omeprazole	Assess the client’s blood pressure and rule out prostate cancer	Monitor renal function tests like BUN, GFR, and serum

n	this medication can inhibit the conversion of T_4 to T_3 and may cause drug-induced hyperthyroidism and potential new or worsened arrhythmias. (Jones, 2020)	around the nose, gums, or even bruising as warfarin will make bleeding easier. (Jones, 2020)	can increase the risk for osteoporosis. (Jones, 2020)	before administering tamsulosin. (Jones, 2020)	creatinine before administering this drug to know how much to give. (Jones, 2020)
Client Teaching needs (2)	1) Advise the client to report cough, dark urine, dyspnea, fainting, fatigue, light-headedness, nausea, swollen	1) Instruct the client to take this drug exactly as prescribed and at the same time each evening. 2) Advise the client to take preca	1) Encourage the client to avoid aspirin products, ibuprofen, and foods that increase gastric secretion during therapy. 2) Advise the client to notify	1) Instruct the client not to chew, crush, or open tamsulosin capsule and to take bout 30 minutes after the same meal each day. 2) Advise the client to notify the	1) Instruct the client not to take gabapentin within 2 hours after taking an antacid. 2) Let the client know that he can open the capsule and sprinkle the

	feet and hands, vomiting, wheezing, yellow sclerae or skin, or a sudden change in quality or rapidity of the pulse. 2) Advise the client not to drink grapefruit juice or take St. John's Wort while receiving amiodaro	utions against bleeding, such as using an electric shaver and a soft-bristled toothbrush.	the prescriber immediately about abdominal pain or diarrhea. Advise the client to stop taking omeprazole if rashes or joint pain occurs.	prescriber if he misses several days of therapy and caution him against restarting the drug at the previous dosage.	content in juice or soft food if he has difficulty swallowing the capsule.

	ne. (Jones, 2020)	(Jones, 2020)	(Jones, 2020)	(Jones, 2020)	(Jones, 2020)

Hospital Medications (5 required)

Brand/ Generic	**Acetaminophen TYLENOL**	**Ondansetron ZOFRAN**	**Pantoprazole PROTONIX**	**Metoprolol Tartrate LOPRESSOR**	**Finasteride PROSCAR**
Dose	650 mg	4 mg/2 mL	40 mg	25 mg	5 mg
Frequency	Q6H PRN	Q6H PRN	BID	BID	Daily
Route	Oral	IV Push	IV Push	Oral	Oral
Classification	**Pharmacologic Class:** Nonsalicylate, paraminophenol derivative **Therapeutic Class:** Antipyretic, nonopioid analgesic (Jones, 2020)	**Pharmacologic Class:** Selective serotonin (5-HT_3) receptor antagonist **Therapeutic Class:** Antiemetic (Jones, 2020)	**Pharmacologic Class:** Proton pump inhibitor **Therapeutic Class:** Antiulcer (Jones, 2020)	**Pharmacologic Class:** $Beta_1$-adrenergic blocker **Therapeutic Class:** Antianginal, antihypertensive (Jones, 2020)	**Pharmacologic Class:** 5-alpha reductase inhibitor **Therapeutic Class:** Benign prostatic hyperplasia agent, hair growth stimulant (Jones, 2020)
Mechanism of Action	This medication reduces pain sensation by inhibiting the enzyme cyclooxygenase	This medication reduces nausea by blocking	This medication inhibits the final step in gastric acid production by blocking the exchange of	This medication inhibits the stimulation of $beta_1$-	This medication inhibits 5-alpha reductase, an

	, blocking prostaglandin production, and hindering pain impulse generation in the peripheral nervous system. (Jones, 2020)	serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at the vagal nerve in the intestines. (Jones, 2020)	intracellular H^+ and extracellular K^+, thus preventing H^+ from entering the stomach and additional HCl from forming. (Jones, 2020	receptor sites in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand. (Jones, 2020)	intracellular enzyme that converts testosterone to its metabolite in the liver, prostate, and skin, partially responsible for benign prostatic hyperplasia and hair loss. (Jones, 2020)
Reason Client Taking	The client is taking this medication as prophylaxis to relieve moderate pain. (Jones, 2020)	The client is taking this medication to prevent nausea and vomiting. (Jones, 2020)	The client is taking this medication as a prophylaxis to prevent gastroesophageal reflux disease (GERD) short term. (Jones, 2020)	The client is taking this medication to manage hypertension. (Jones, 2020)	The client is taking this medication to treat symptomatic benign prostatic hyperplasia. (Jones, 2020)
Contraindications (2)	Contraindications to this drug include hypersensitivity to acetaminophen and severe hepatic impairment.	Contraindications to this drug include hypersensitivity to ondansetron or its components and concomitant use of apomorphine or congenital long QT	Contraindications for this drug include hypersensitivity to pantoprazole and concurrent therapy with rilpivirine-containing products.	Contraindications for this drug include acute heart failure and hypersensitivity to metoprolol or its components.	Contraindications for this drug include hypersensitivity to fingolimod or its components and baseline QTc interval equal to or greater than 500 msec.

	(Jones, 2020)	syndrome. (Jones, 2020)	(Drugs.com, 2021)	(Jones, 2020)	(Jones, 2020)
Side Effects/Adverse Reactions (2)	Side effects and adverse reactions include anxiety and hypertension. (Jones, 2020)	Side effects and adverse reactions include hypotension and arrhythmias. (Jones, 2020)	Side effects include dyspnea and hypomagnesemia. (Jones, 2020)	Side effects include heart failure and arterial insufficiency. (Jones, 2020)	Side effects and adverse effects include angioedema and bradycardia. (Jones, 2020)
Nursing Considerations (2)	1) Administer cautiously in patients with hepatic impairment or alcoholism. 2) Monitor patient's renal function on long-term therapy of acetaminophen.	1) Correct any electrolyte imbalances such as hypokalemia or hyperkalemia before administering ondansetron 2) Monitor clients for hypersensitivity reactions	1) Remember to flush IV line with D_5W, normal saline solution, or lactate Ringer's injection before and after giving the drug. 2) Monitor the client's PT or INR if the client takes	1) Use cautiously in clients with angina or hypertension who have congestive heart failure because beta-blockers such as metoprolo	1) Monitor the client for hypersensitivity reactions such as angioedema, rash, or urticaria. Discontinue the medication should effects

	(Jones, 2020)	because they can be deadly. (Jones, 2020)	oral anticoagulant (warfarin). (Jones, 2020)	l can further depress myocardial contractility, worsening heart failure. (Jones, 2020)	occur. 2) Monitor the client's blood pressure regularly to detect the development of hypertension. (Jones, 2020)
Key Nursing Assessment(s) /Lab(s) Prior to Administration	Monitor the client's AST, ALT, bilirubin levels and ensure they are within limits to prevent liver damage before administration. (Jones, 2020)	Assess the client for the presence of prolonged QT intervals before administration of this drug as it is a contraindication for ondansetron. (Jones, 2020)	The client takes oral anticoagulants, so monitor the client's PT or INR before administering this medication to have a baseline as a reference during administration. (Jones, 2020)	Monitor the client's heart rate. Do not administer if the client's heart rate is below 60 beats per minute. (Jones, 2020)	Obtain a recent CBC and liver enzyme evaluation (within the past 6 months) before starting therapy since this drug can increase the risk for infection and elevate liver enzymes. (Jones, 2020)
Client Teaching needs (2)	1) Tell the client	1) Instruct the client	1) Instruct the client	1) Advise the	1) Instruct the client

	to adhere to the recommended dosages to prevent overdose. 2) Educate the client on the signs and symptoms of liver toxicity, such as bruising, malaise, and bleeding.	to report signs of hypersensitivity, such as rash, immediately. 2) Instruct the client to seek immediate medical attention if the client experiences persistent, severe, unusual, or worsening symptoms	to swallow the pantoprazole tablet whole and not to chew or crush them. 2) Advise the client to follow bleeding precautions and notify the prescriber immediately if bleeding occurs since he takes oral anticoagulants (warfarin).	client to notify the prescriber if the pulse rate falls below 60 beats per minute or is significantly lower than usual. 2) Instruct the client to take metoprolol with food at the same time each day.	to check his pulse and tell him to notify the prescriber if his pulse rate drops below 60 beats per minute or becomes irregular. 2) Advice the client to notify the prescriber if he notices signs of liver dysfunction such as unex

	(Jones, 2020)	(Jones, 2020)	(Jones, 2020)	(Jones, 2020)	plained abdominal pain, anorexia, dark urine, fatigue, jaundice, nausea, or vomiting. (Jones, 2020)

Medications Reference (1) (APA):

Drugs.com. (2021, March 3). *Gabapentin*. https://www.drugs.com/gabapentin.html#what-to-avoid

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

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The client was alert and oriented to person, place, situation, and time (x4). He was responsive, calm, cooperative, and displayed a friendly demeanor. The client showed no signs of distress pain but stated that he feels fatigued. He appeared to be appropriately groomed and clean.
INTEGUMENTARY (2 points): **Skin color:** **Character:**	The client's skin was dry, warm, and intact. Upon closer inspection, the client appeared to have a small patch of purpura about two centimeters in

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** **Braden Score:** 17 **Drains present: Y☐ N ☒** **Type:**	diameter, each distally on his right and left forearm. He states that the purpura does not cause discomfort. The client's skin turgor was elastic and returned to its original position in less than 3 seconds. He does not have any rashes, other bruises, or wounds upon inspection. The client has a Braden score of 17, which puts him at medium risk for pressure ulcers. The client does not have any drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The client's head is normocephalic and displayed symmetrical facial and skull features. His head is midline to his neck, which exhibited visible movement upon swallowing. No tracheal deviations, swollen lymph nodes, or thyroid were palpable. The client's ears were bilaterally intact, symmetrical, and exhibited no drainage. He states that he is "hard of hearing" but does not wear any hearing aids. His ear canal and tympanic membrane appeared to be intact and gray bilaterally upon inspection. The client's eyes were symmetrical and exhibited PERRLA bilaterally. His eyes exhibited bilateral white sclera and pink conjunctiva. He wears glasses to help him see. The client's nose was intact, midline to face, clear and patent, with no signs of bloody discharge, sneezing, or nasal drainage. The client is missing all his teeth and states that he does not wear dentures. .
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: Lower extremities bilaterally**	The client's S1 and S2 were audible, with no murmurs or gallops heard upon auscultation. He has a pacemaker below his left clavicle which gives him a regular heartbeat upon auscultation. The client's carotid and radial pulses were +3 bilaterally and +2 bilaterally in his dorsalis pedis. His capillary refill was less than three seconds bilaterally in his fingernails and toenails. There was no neck vein distention observed, but the client does have +1 trace bilateral edema in

	his lower extremities.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The client's breath sounds were audible, clear, and regular upon bilateral auscultation of four spots anteriorly and six spots posteriorly on the client's back. Auscultation revealed no wheezes or rhonchi. The client did not use accessory muscle, pursed lips, or tripod positioning. His breathing is unlabored, and he states that he has no difficulty breathing. He experiences bilateral symmetrical rise and fall of his chest with no deformities with his chest observed. The client is on 2 liters of oxygen and wears a nasal cannula. Upon inspection, his ears were warm and pink bilaterally, and his nose displayed no signs of erythema or breakdown.
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 client states that he has a diabetic diet at home but is on a soft diet during his hospital stay. He states that he eats all his food “most” of the time. The client’s height is 167 cm (5’4”). The client’s weight is 80.4 kg (177.3 lbs). The client has active bowel sounds in all four quadrants with 5 to 30 gurgles a minute. The client states that his last BM was in the morning at 1000 hours today (10/4/2021). Light and deep palpation indicated no tenderness, pain, or masses of the abdomen and all four quadrants. Inspection of the abdomen revealed no abdominal distention, incisions, scars, drainage, or wounds. The client does not have an ostomy, NG tube, or feeding tubes.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒**	The client's urine was yellow, clear, and odorless. He has an accumulated 1,350 mL of urine at the time of clinical at 1000 hours. The client states that he does not experience pain with urination. The client had a small amount of yeast in between the skin folds of his lower extremities, scrotum, and penis. ad

Type: **Size:**	The client does not have dialysis or an inserted catheter.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	The client's capillary refill was less than 3 seconds bilaterally in his fingernails and toenails. There were no signs of cyanotic or pallor pigmentation in his fingernails and toenails bilaterally. Toes and fingers were warm and pink bilaterally. The client could move his fingers and toes bilaterally without pain or tingling—no signs of bilateral pulselessness in fingers and toes. The client can actively move all extremities with bilateral +4 strength in his upper extremities and bilateral +3 in his lower extremities. He can move all extremities with a full range of motion without pain. The client states that he needs assistance with bathing, dressing, and transferring from his bed to chair. The client's fall score is 60, which puts him at a high fall risk. He needs the support of 1 personnel to assist with standing and walking, and he uses a walker to ambulate.
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 client moves all extremities well. He exhibits PERRLA but does not exhibit equal strength within his lower extremities compared to his upper extremities; the client has bilateral +4 strength in his upper extremities and bilateral +3 strength in his lower extremities. He is alert and oriented to person, place, situation, and time (x4). He follows all commands and responds to all questions appropriately. He denies any impaired cognition. The client has bilateral sensory in his fingers and toes. The client's speech is quiet and hoarse due to missing all his teeth.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:**	The client watches TV to distract himself during his hospital stay. His older daughter visits and spends time with him every other day in the hospital.

Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	The client can speak in full-formed sentences and can make his own decisions. He states that he can still read and write but cannot drive due to vision problems. The client states that he is Christian and believes in God but does not attend church. He states that he lives at home with his wife and right across from his youngest daughter, who visits and takes care of him every day.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1204	70 bpm	105/64 mmHg	20 respirations/minute	97.7 F (36.5 C)	97%
1350	74 bpm	125/58 mmHg	18 respirations/minute	97.7 F (36.5 C)	97%

Vital Sign Trends: The client's overall vital signs were stable throughout the clinical. His respiratory rate, temperature, and oxygen values remained relatively unchanged, with only slight differences in his respiratory rate from the beginning compared to the end of clinical. The client's pulse and blood pressure experienced the most fluctuation throughout the clinical. Initially, his pulse was 70 bpm earlier during clinical but seemed to stabilize slightly by the end of clinical to 74 bpm. Like his pulse, the client's blood pressure was initially at 105/64 mmHg but then stabilized to 125/58 mmHg by the clinical end. The increase in blood pressure could be due to the blood transfusion that the client received during clinical since it prevents hypovolemia related to blood loss, reducing blood pressure (Hinkle & Cheever, 2018). The transfusion of fully oxygenated blood most likely helped him breathe a bit easier as well (Hinkle & Cheever, 2018).

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	Numeric Pain Scale	N/A	0/10 (denies pain)	N/A	Keep acetaminophen on standby in case of emergent pain.
1350	Numeric Pain Scale	N/A	0/10 (denies pain)	N/A	Keep acetaminophen on standby in case of emergent pain.

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 client has one 20-gauge IV catheter midline on his right antecubital placed on 10/1/2021. IV is clear and patent upon assessment. IV site was absent of erythema and drainage. IV dressing was dry and intact but contained a small patch of dried blood about an inch in diameter upon assessment at 1345 hours.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Blood Transfusion: 500 mL Oral fluid intake: 540 mL **Total = 1,040 mL**	Void: 1,350 mL **Total = 1,350 mL**

Nursing Care

Summary of Care (2 points)

Care during the clinical shift consisted of monitoring the client's lab values related to his GI bleed, vital signs, and waiting for potential discharge orders from the provider. Providing general bedside care and tending to the client's needs were also part of care which involved giving the client more water, helping him get up to go to the bathroom, and helping him reposition in bed. There were no procedures done during the clinical shift. The client stated that he did not have any complaints or issues and was calm throughout the clinical. His vital signs remained stable and within defined limits and stabilized throughout the clinical shift. The nurse and student nurse notified the client's provider of his abnormal low hemoglobin level for evaluation. The client tolerates his soft diet and states that he does not have a problem with it. He also tolerates ambulating with a walker to his bedside commode and back with the assist of one person with no complaints. At around 1325 hours, the client's provider denied discharge after evaluating the client's hemoglobin lab values. His provider ordered an esophagogastroduodenoscopy (EGD) for the following day on 10/5/2021 and will have the client be NPO starting at midnight. The student nurse will brief the client on his discharge status, NPO status at midnight, and his upcoming EGD procedure on the following day by 1355 hours.

Discharge Planning (2 points)

The client states that he will go straight home after discharge to his wife. His daughter states that his younger daughter takes care of him at home and tends to his needs, so he does not have any other home health needs. He has 2-liter oxygen set up at home and two different walkers, which he can use to ambulate himself, so he states that he does not need any other equipment. Education can be provided to the client regarding food and how to adhere to his current diabetic diet at home and avoid spicy food to prevent irritation to his GI system and further exacerbate his GI bleeding. The client also has a low hemoglobin level related to his GI

bleed, and so can also receive education on safety measures that he can take to reduce the risk of bleeding. These measures include using a soft-thistle toothbrush, preventing falls and traumas by clearing the room of clutter, ensuring that the room is well lit, and carefully utilizing drugs like warfarin at home. The client has no follow-up plan at this time.

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, the status of goals and outcomes, modifications to plan.
1. Risk for bleeding related to Abnormal lab values as evidenced by low RBC, Hgb, Hct, BUN, and platelet values	The client is a high risk for further bleeding. He has been losing blood since 9/30/2021, as indicated by his abnormal lab values. The client is in a continuous state of blood loss and is at risk of losing more as his platelets are abnormally low.	1. Monitor physiological responses like vital signs, O_2, and LOC (Phelps, 2020). 2. Teach the client patterns of risk management and promote a lifestyle that focuses on health promotion and injury avoidance to diminish the possibility of injury (Phelps, 2020).	**1. Goal met:** Monitored and reported abnormal values to the provider for evaluation for discharge. **2. Goal met:** Educated the client on small changes that he can make to reduce bleeding, like using a soft thistle toothbrush, careful administration of warfarin at home, and ways to reduce falls. The client stated that he understood the education.
1. Risk for falls related to weakness as evidenced by the client statement of "I	The client is a medium fall risk, feels weak, and is fatigued. He states that he would instead not try to	1. Identify factors that may cause or contribute to injury from a fall. 2. Improve	**1. Goal met:** Identified weakness and fatigue as factors that cause the client to fall. The client stated that he understood.

feel weak" and fall score of 60	walk upon questioning his ability to walk. If the client falls, then he will exacerbate his bleeding.	environmental safety factors as needed.	**2. Goal met:** Helped decluttered the client's room by moving things out of the way. The client said that he appreciated it.
2. Risk for impaired skin integrity related to lack of activity as evidenced by minimal position changes and Braden score of 17	The client has a Braden score of 17, which puts him at medium risk for skin breakdown. He also does not change positions or frequently ambulates, which increases his chances for skin breakdown.	1. Change the client's position at least every 2 hours (Phelps, 2020). 2 Inspect the client's skin every shift, document skin condition, and report status changes (Phelps, 2020).	**1. Goal partially met:** The client changed positions but switched back to the previous position when the student nurse left the room. Further emphasis on the importance of changing positions every 2 hours to the client is needed next time. **2. Goal met:** The student nurse inspected the client's sacrum, heels, shoulders, ears, and nose—no signs of erythema or inflammation.
3. Fatigue-related to blood loss as evidenced by low RBC, Hgb, Hct, and BUN values	The client stated that he was feeling fatigued and has remained in bed for most of the clinical, putting him at risk of skin breakdown. When asked if he could walk for the student nurse's gait examination, he refused to walk, indicating that his fatigue limits his ADL capability.	**1.** Alternate activities with periods of rest. Encourage activities that can be completed quickly or divided into several segments (Phelps, 2020). **2.** Conserve energy through rest, planning, and setting priorities (Phelps, 2020).	**1. Goal met:** Educated the client on implementing frequent rest periods during ADL activities to prevent fatigue. The client stated that he knew and understood the education. **2. Goal partially met:** Educated the client on the importance of conserving energy by planning efficient ways to accomplish tasks. The client states that he understood the education, but his daughter does all the work for him.

Other References (APA):

Phelps, L. L. (2020). *Spark's and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The client stated that he felt weak and fatigued during clinical rotation.
The client's daughter stated that he looks a bit pale compared to when he is at home.
The client states that he has purpura but that they do not cause him any discomfort.

Objective Data

Abnormal lab values
Abnormally low RBC (1.95x10⁶/mcL and 2.91x10⁶/mcL).
Abnormally low Hgb (5.3 g/dL and 8.2 g/dL).
Abnormally low Hct (16.8% and 24.8%).
Abnormally low platelets (104 K/mcL and 84 K/mcL).
Abnormally high BUN (82 mg/dL and 77 mg/dL).
Blood pressure of 105/64 mmHg at 1204 hours stabilized to 125/58 mmHg at 1350 hours after blood transfusion.

Patient Information

The client is an 87-year-old male admitted for potential GI bleed and a secondary diagnosis for anemia with complaints of weakness, fatigue, SOB, and pale skin. He has a history of anemia, cardiomyopathy, CAD, CHF, CKD, AKI, type II diabetes, to name a few. He states that he still feels fatigued and weak. His labs returned with abnormal low values for RBCs, Hgb, Hct, platelets, and abnormally high BUN values.

Nursing Diagnosis/Outcomes

Risk for falls related to weakness as evidenced by the client's statement of "I feel weak" and fall score of 60.
Outcome: The client will let the student nurse know when he needs assistance getting up and ambulating at least once during clinical.

Risk for bleeding related to Abnormal lab values as evidenced by low RBC, Hgb, Hct, BUN, and platelet values.
Outcome: The client will request the aid of the student nurse when he needs to get up to use the restroom at least once during clinical to prevent falls and bleeding.

Risk for impaired skin integrity related to lack of activity as evidenced by minimal position changes and Braden score of 17.
Outcome: The client will change positions in bed with help at least once during clinical.

Fatigue related to blood loss as evidenced by low RBC, Hgb, Hct, and BUN values.
Outcome: The client will drink at least 500 mL of water before the end of the clinical.

Nursing Interventions

Identify factors that may cause or contribute to injury from a fall.
Improve environmental safety factors as needed.
Monitor physiological responses like vital signs, O2, and LOC (Phelps, 2020).
Teach the client patterns of risk management and promote a lifestyle that focuses on health promotion and injury avoidance to diminish the possibility of injury (Phelps, 2020).
Change the client's position at least every 2 hours (Phelps, 2020).
Inspect the client's skin every shift, document skin condition, and report status changes (Phelps, 2020).
Implement alternating activities with periods of rest. Encourage activities that can be completed quickly or divided into several segments (Phelps, 2020).
Conserve energy through rest, planning, and setting priorities (Phelps, 2020).