N431 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/1/21	R.E.S	68 y/o	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White / Caucasian	Retired	Married	Ciprofloxacin (itching) Tape (blister, itching)
Code Status	**Height**	**Weight**	
Full code	182 cm	108.00 kg	

Medical History (5 Points)

Past Medical History: DM2, HTN, neuropathy, back pain, heart disease, heart attack

Past Surgical History: Hip replacement (2015), Lumbar laminectomy (2018), Colonoscopy (2019), Left total knee arthroplasty (2020)

Family History: Father (back pain, DVT, HTN, heart attack), Mother (HTN, TIA)

Social History (tobacco/alcohol/drugs): Drinks alcohol 1-2x per year. Smokes 1-1.5 packs per day. Denies recreational drug use

Assistive Devices: Walker/cane

Living Situation: Lives at home w/ spouse

Education Level: Graduated high school

Admission Assessment

Chief Complaint (2 points): Changes in LOC resulting in weakness and fall

History of present Illness (10 points):68-year-old male presented at the ED on 10/2/21 after sustaining a fall at home. Pt. reported that they've been feeling unwell accompanied by fever, chills, and a nonproductive cough occurring for the past 3 days. Pt has also reported pain in his left buttock that's been radiating to the front abdomen. Upon assessment

patient was found to be hypoxic and was given 2L of oxygen for relief. XR showed possible indications of pneumonia, Pt. was treated with ceftriaxone and azithromycin.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pneumonia

Secondary Diagnosis (if applicable):Cellulitis

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

Pneumonia is an infection of the lungs most commonly caused by bacterial or a virus. Risk factors of pneumonia include COPD, bronchiectasis, and influenza infection (Capriotti, 2020). Smoking is also a significant risk factor for pneumonia since it impairs resistance to infection (Capriotti, 2020). The patient reported smoking 1-1.5 packs per day, putting him at high risk of developing pneumonia and decreasing his resistance. Pneumonia occurs when droplets containing a pathogen are inhaled and enters the lung tissue. The pathogen adheres to the lower respiratory tract and stimulates an inflammatory response causing an increase in neutrophils. The neutrophils phagocytize the pathogen using degradative enzymes and microbial proteins, causing an increase in mucus secretion and exudative fluid to accumulate in the alveoli and capillaries (Capriotti, 2020). The thick layer of mucus and exudate impairs proper gas exchange.

Manifestations of pneumonia include the sudden onset of cough, fever, and chills (*Pneumonia,* 2020). The patient presented these symptoms upon arriving at the ED and reported that they started three days ago. Chest pain during deep inspirations and dyspnea, and myalgia are also clinical presentations. The patient also reported experiencing muscle weakness.

During the assessment, crackles may be heard in the lungs due to fluid accumulation. Crackles are a definitive sign of pneumonia (Capriotti, 2020). An experienced clinician may also conduct egophony and bronchophony to assess fluid accumulation in the lungs (Capriotti, 2020). Upon initial ED assessment, the patient was hypoxic as their saO2 was 85%. The patient's oxygenation level suggests decreased gas exchange is occurring, possibly indicating pneumonia.

A chest x-ray is essential in diagnosing pneumonia since it can visualize inflammation and infiltration in the lungs—the patient's chest x-ray results in indications of pneumonia, which enabled the physician to confirm the diagnosis. A CBC will be used to differentiate between bacterial or viral infections (Capriotti, 2020). The patient's neutrophil count was 84.2, higher than the lymphocyte count of 7.3, suggesting that this infection is bacterial. Sputum culture and sensitivity can be used to identify the organism for antibiotic therapy (Capriotti, 2020).

Treatment of pneumonia includes antibiotics and maintaining optimal oxygenation (Capriotti, 2020). The patient is receiving azithromycin along with ceftriaxone to treat their infection. Upon arrival to the ED the patient was given 2L of O2 due to their low oxygen saturation. Their vital signs, particularly their pulse oximetry, have been stable and within normal limits at 95%. IV fluids, analgesia, and bronchodilators may also be administered if needed (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*** **(2nd ed.). F.A. Davis Company.**

Mayo Foundation for Medical Education and Research. (2020, June 13). *Pneumonia*. Mayo Clinic. Retrieved October 8, 2021, from https://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204.

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	3.90-4.98	4.42	n/a	n/a
Hgb	12.0-15.5	13.4	n/a	n/a
Hct	35-45	39.9	n/a	n/a
Platelets	140-400	267	n/a	n/a
WBC	4.0-9.0	10.2	n/a	The patient is diagnosed with pneumonia; an elevated WBC count is presented in pneumonia (Capriotti, 2020).
Neutrophils	40-70	84.2	n/a	The patient is diagnosed with pneumonia; an elevated WBC count is presented in pneumonia (Capriotti, 2020).
Lymphocytes	10-20	7.3	n/a	The patient is diagnosed with pneumonia; an elevated WBC count is presented in pneumonia (Capriotti, 2020).
Monocytes	4.4-12.0	7.8	n/a	n/a
Eosinophils	0-6.3	0.1	n/a	n/a
Bands	0-5.1	n/a	n/a	n/a

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	138	n/a	n/a

K+	**3.5-5.1**	**4.9**	**n/a**	**n/a**
Cl-	**98-107**	**106**	**n/a**	**n/a**
CO2	**22-29**	**25**	**n/a**	**n/a**
Glucose	**70-99**	**134**	**n/a**	**The patient has diabetes type 2, hyperglycemia, or high glucose levels in the blood stream is a presentation of uncontrolled diabetes (Capriotti, 2020).**
BUN	**6-20**	**25**	**n/a**	**Increased BUN and creatinine levels are early indications of hypertensive damage to the kidneys (Capriotti, 2020)**
Creatinine	**.50-1.00**	**1.29**	**n/a**	**Increased BUN and creatinine levels are early indications of hypertensive damage to the kidneys (Capriotti, 2020)**
Albumin	**3.5-5.2**	**4.3**	**n/a**	**n/a**
Calcium	**8.4-10**	**9.3**	**n/a**	**n/a**
Mag	**1.6-2.5**	**n/a**	**n/a**	**n/a**
Phosphate	**35-105**	**n/a**	**n/a**	**n/a**
Bilirubin	**.3-1.0**	**0.7**	**n/a**	**n/a**
Alk Phos	**30-120**	**59**	**n/a**	**n/a**
AST	**10-30**	**17**	**n/a**	**n/a**
ALT	**10-40**	**17**	**n/a**	**n/a**
Amylase	**30-110**	**n/a**	**n/a**	**n/a**
Lipase	**0-160**	**n/a**	**n/a**	**n/a**
Lactic Acid	**0.5-1**	**n/a**	**n/a**	**n/a**

Troponin	**0 – 0.04**	**< 0.010**	**n/a**	**n/a**
CK-MB	**5 - 25**	**n/a**	**n/a**	**n/a**
Total CK	**22 - 198**	**n/a**	**n/a**	**n/a**

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	**1**	**n/a**	**n/a**	**n/a**
PT	**11-12**	**n/a**	**n/a**	**n/a**
PTT	**0.8-1.1**	**n/a**	**n/a**	**n/a**
D-Dimer	**11-13.5**	**n/a**	**n/a**	**n/a**
BNP	**30-40 sec**	**n/a**	**n/a**	**n/a**
HDL	**<250**	**n/a**	**n/a**	**n/a**
LDL	**<100**	**n/a**	**n/a**	**n/a**
Cholesterol	**>60**	**n/a**	**n/a**	**n/a**
Triglycerides	**<130**	**n/a**	**n/a**	**n/a**
Hgb A1c	**<200**	**n/a**	**n/a**	**n/a**
TSH	**<150**	**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	**Pale yellow-deep amber**	**Clear, light yellow**	**n/a**	**n/a**
pH	**5-8**	**8**	**n/a**	**n/a**

Specific Gravity	**1.005-1.034**	**1.020**	**n/a**	**n/a**
Glucose	**negative**	**30**	**n/a**	**Excess blood glucose is excreted through the urine if glucose levels are greater than the renal threshold (Capriotti, 2020).**
Protein	**negative**	**1+**	**n/a**	**The presence of protein in the urine, along with increased BUN and serum creatine levels, may indicate renal damage (Capriotti, 2020). The patient is exhibits protein and high BUN and creatinine levels.**
Ketones	**negative**	**-**	**n/a**	**n/a**
WBC	**negative**	**-**	**n/a**	**n/a**
RBC	**negative**	**trace**	**n/a**	**Hematuria can occur in diabetic neuropathy and end-stage kidney disease (Okada et al., 2020).**
Leukoesterase	**negative**	**-**	**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	**7.35 – 7.45**	**7.44**	**n/a**	**n/a**
PaO2	**40 - 50**	**133.0**	**n/a**	**Pt. was given oxygen 2L to treat hypoxia. Unmonitored oxygen supplementation may cause high PaO2 (Young & Bellomo, 2019).**
PaCO2	**35 – 45**	**35.8**	**n/a**	**n/a**
HCO3	**22 - 26**	**24.7**	**n/a**	**n/a**

SaO2	**92% - 100%**	**85%**	**n/a**	**Pt. was experiencing hypoxia during presentation at the ED. Low SaO2 are indications of hypoxia (Capriotti, 2020).**

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**	**+ Gram positive streptococcus pyogenes**	**n/a**	**Positive blood cultures suggest septic infection (Capriotti, 2020).**
Sputum Culture	**negative**	**n/a**	**n/a**	**n/a**
Stool Culture	**negative**	**n/a**	**n/a**	**n/a**

Lab Correlations Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*** **(2nd ed.). F.A. Davis Company.**

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Okada, S., Samejima, K.-ichi, Matsui, M., Morimoto, K., Furuyama, R., Tanabe, K., Eriguchi, M., Akai, Y., Saito, Y., & Tsuruya, K. (2020). Microscopic hematuria is a risk factor for end-stage kidney disease in patients with biopsy-proven diabetic nephropathy. ***BMJ Open Diabetes Research & Care***, ***8***(2). **https://doi.org/10.1136/bmjdrc-2020-001863**

Young, P. J., & Bellomo, R. (2019). The risk of hyperoxemia in ICU patients. much ado

about O2. *American Journal of Respiratory and Critical Care Medicine*, *200*(11), 1333–1335. https://doi.org/10.1164/rccm.201909-1751ed

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **CXR: Normal heaty size observed. Degenerative changes to the spine observed. Left basilar opacities associated with pneumonia/atelectasis observed.**
- **CT head w/contrast. No results found.**
- **EKG: No results found.**
- **EEG: No results found.**
- **MRI spine w/ and w/out contrast: No results found**

Diagnostic Test Correlation (5 points):

-CXR:. A CXR was ordered due to pt.'s non-productive cough. A CXR visualizes the chest cavity including the heart and lungs. Results showed indications of pneumonia. A CXR can be used to diagnose pneumonia.

- CT head w/contrast: A CT of the head was ordered because the pt. reported falling at home and generalized weakness accompanied by changes in LOC. A CT of the head will visualize any injury in the brain.

- EKG: An EKG monitors the electrical activity of the heart. This was ordered because pt. reported generalized weakness. This diagnostic tool aims to rule out any cardiac problems.

- EEG: An EEG monitors the electrical activity of the brain. This was ordered because the pt. reported weakness and changes in LOC. This diagnostic tool aims to rule out any abnormal brain activity.

- MRI spine w/ and w/out contrast: An MRI visualizes the anatomical parts of the body. The pt. reported pain in his left buttock radiating to the front abdomen. This diagnostic tool aims to examine the pt.'s back pain.

Diagnostic Test Reference (1) (APA):

Capriotti, T., & Frizzell, J.P. (2020). ***Pathophysiology: Introductory Concepts and Clinical Perspectives*** **(2nd ed.). F.A. Davis Company.**

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

Home Medications (5 required)

Brand/Generic	**niacin/Niacor**	**metoprolol/ Lopressor**	**Metformin and sitagliptin / Janumet**	**Zocor/Simvastatin**	**Miniprin/ aspirin**
Dose	**500 mg**	**100 mg**	**50 mg / 500 mg**	**5 mg**	**81 mg**
Frequency	**HS**	**1x daily**	**BID**	**HS**	**1x daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Vitamin, antihyperlipidemic**	**Beta-blockers, antihypertensive**	**Biguanides/ Dipentyl**	**HMG-CoA reductase**	**Salicylates, NSAIDs**

			Peptidase-IV Inhibitors, antidiabetic	**inhibitor (statin), antilipidemic**	
Mechanism of Action	**Decreases fatty acid mobilization from adipose tissue by inhibiting the synthesis of triglyceride and hepatocyte diacylglycerol transferase**	**Reduced blood pressure and extent of myocardial contraction by blocking beta adrenergic receptors in cardiac cells**	**Improves glycemic control by decreasing hepatic glucose production and decreasing intestinal absorption of glucose**	**Reduces circulating cholesterol and serum triglycerides by interrupting cholesterol synthesis in the liver**	**Aspirin blocks cyclooxygenase suspending prostaglandins synthesis and an inflammatory response. Aspirin also impedes the production of thromboxane A2 inhibiting platelet aggregation**
Reason Client Taking	**Reduce cholesterol/heart disease**	**Manage hypertension**	**Manage type 2 diabetes**	**Used to lower cholesterol**	**Prevents blood clots forming**
Contraindications (2)	**Gout, hypophosphatemia**	**Pheochrom-osteoma, myasthenia gravis**	**CKD, liver dysfunction**	**Active hepatic disease, kidney dysfunction**	**Active bleeding, coagulation disorders**
Side Effects/ Adverse Reactions (2)	**Jaundice, vomiting**	**Headaches, dizziness**	**Muscle pain, dizziness**	**Atrial fabulation, hepatic failure**	**Thrombocytopenia, hepatotoxicity**
Nursing Considerations (2)	**Monitor for abdominal pain, niacin may worsen allergies**	**Assess ECG, assess compliance**	**May increase risk of lactic acidosis, monitor for s/s of hypoglycemia**	**May cause rhabdomyolysis, give in the evening before bed**	**Long term therapy can cause ototoxicity, implement bleeding precautions**
Key Nursing Assessment(s) /Lab(s) Prior to Administration	**Liver enzymes, lipid panel**	**Monitor BP, assess HR**	**Blood glucose, kidney function**	**Liver enzymes, lipid panel**	**Assess Coagulation, Asses f bleeding**
Client Teaching needs (2)	**Avoid getting up too fast, avoid taking cholestyramine with niacin**	**Avoid getting up too fast, take as prescribed**	**Avoid drinking alcohol, encourage exercise and weight loss**	**Report muscle pain, avoid grapefruit juice**	**Take as prescribed, Do not crush extended release tablet**

Hospital Medications (5 required)

Brand/Generic	**Neurontin/ gabapentin**	**Azasite/ Azithromycin**	**Rocephin/ ceftriaxone**	**sodium chloride / Normal Saline**	**insulin detemir / Levemir**
Dose	**600 mg**	**500 mg**	**1,000 mg**	**1,000 ml**	**60 units**
Frequency	**3x daily**	**Q24H**	**Q24H**	**Q24H**	**BID**
Route	**PO**	**IV**	**IV**	**IV**	**SUB-C**
Classification	**GABA Analogs, anticonvulsant**	**Macrolide antibiotic**	**Cephalosporin antibiotic**	**Minerals/ electrolytes**	**Insulin, antidiabetic**
Mechanism of Action	**Inhibits rapid firing of neurons associated with seizures and exaggerated responses to painful stimuli**	**Stops bacterial growth by inhibiting transpeptidation of protein synthesis by binding to bacterial ribosome**	**Inhibits mucopeptide synthesis within the bacterial cell wall**	**Restores fluid and electrolyte balance and promoting diuresis**	**Lower blood glucose by bindi to insulin receptors stimulating tyrosine kinase activity**
Reason Client Taking	**To relieve neuropathic pain**	**To treat cellulitis/pneumonia**	**To treat cellulitis /pneumonia**	**Prevent dehydration**	**To manage type 2 diabetes**
Contraindications (2)	**Hypersensitivity to gabapentin,**	**Liver dysfunction, hypersensitivity to azithromycin**	**Hypersensitivity to ceftriaxone,**	**Severe metabolic acidosis, Sever metabolic alkalosis**	**Hypersensitivity to Levemir**
Side Effects/ Adverse Reactions (2)	**Suicidal ideation; psychosis**	**Nausea, vomiting**	**Dizziness, nausea**	**Agitation, back pain**	**Lightheadednes itching**
Nursing Considerations (2)	**Capsules can be opened and mixed with non-essential food**	**Avoid antacids with alumni or magnesium with this medication,**	**monitor for s/s hypersensitivity ,**	**Monitor for hypervolemia, caution with those with**	**Monitor for s/s hypoglycemia,**

	like applesauce, monitor for suicidal ideations	**monitor for s/s of anaphylaxis**		**hyperkalemia**	
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	**Assess pain level, asses unusual mood changes**	**WBC, liver function**	**WBC, liver function**	**Asses IV site before administering, assess electrolytes**	**Blood glucose, liver function**
Client Teaching needs (2)	**Take as prescribed, take with food to prevent GI upset**	**Report severe, watery diarrhea, wear sunscreen/protective clothing when outdoors**	**Report severe, watery diarrhea, Take as prescribed**	**Report swelling or redness at IV site, do not move/irritate IV site**	**Administration of Levemir, S/s of hypoglycemia**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **Alert and responsive** **ANO x4** **No visible signs of distress** **Overall appearance was appropriate**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 20** **Drains present: Y☐ N ☒** **Type:**	 **Skin color is usual for ethnicity** **Supple** **Warm** **Elastic turgor** **Rashes w/pus on right forearm observed** **No bruises observed** **Hot, swollen, wounds on right forearm observed** **n/a**
HEENT (1 point): **Head/Neck:**	 **Normocephalic, no deviation of trachea**

Ears: **Eyes:** **Nose:** **Teeth:**	**No drainage, grey-pink tympanic membrane** **No drainage, symmetrical, pink conjunctiva** **No septum deviation, polyps, turbinate** **Teeth intact, no visible dental caries**
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:**	 **Normal S1/S2 heart sounds heard** **No murmur or gallops heard** **Normal steady rate and rhythm** **Peripheral pulses 3+** **Capillary refill 3 sec** **n/a**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	 **Respiration pattern is regular** **Clear anterior/posterior bronchovesicular breath sounds heard bilaterally in all 4 quadrants** **Equal lung aeration**
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:**	 **Regular diet at home** **Diabetic diet, low carb** **182 cm** **108.00 kg** **Active in all 4 quadrants** **9/30** **No pain/masses detected upon palpation** **Skin warm and color usual for ethnicity** **No distention observed** **No incision overserved** **No scars observed** **No drains observed** **No wounds observed** **n/a** **n/a**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	 **Light yellow** **Clear** **300 mL**

Dialysis: Y ☐ N ☒ **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	 **Appropriate** **n/a** **n/a**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☒** **Needs support to stand and walk☒**	 **Nail bed pink, capillary refill 3 sec, warm skin** **Active range of motion** **Walker, cane** **4- active motion against some resistance (slight weakness)** **Active ROM against some resistance (slight weakness)**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 **ANO x4** **Normal cognition** **Clear** **Sensory perception appropriate** **Alert and responsive**
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):**	 **Seeks support through family members and loved ones. Uses humor occasionally.** **Patient's developmental level is appropriate.** **Able to read and write** **Religious affiliation is Christian** **Patient was accompanied by the spouse at the bed side. Patient appears to have a good supportive relationship with spouse. Patient was humorous. Patient and spouse reported to be of Christian faith attends church.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

11:00 pm	**77 bpm**	**134 / 68 mmHg**	**18 bpm**	**36.7 C**	**95%**
3:40 pm	**71 bpm**	**126 / 67 mmHg**	**18 bpm**	**37.2 C**	**95%**

Vital Sign Trends:

The patient's vital signs were stable and were within defined limits. No abnormal fluctuations were observed or reported—Will continue to monitor and interfere if irregular changes occur.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:00 pm	**numeric**	**Forearm**	**0**	**n/a**	**n/a**
3:40 pm	**numeric**	**Forearm**	**0**	**n/a**	**n/a**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	**18 gauge**
Location of IV:	**Right antecubital**
Date on IV:	**10/4/21**
Patency of IV:	**Aspirated and flushes easily**
Signs of erythema, drainage, etc.:	**No phlebitis/infiltration observed**
IV dressing assessment:	**Dry, intact**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL oral intake	**300 mL urine output**

Nursing Care

Summary of Care (2 points)

The patient's vitals remained stable, and they reported no pain throughout the shift. The patient received their second round of IV antibiotics and regimen medications of gabapentin and insulin. The patient is increasing their activity and ambulating well and has voided 300 mL without any difficulties. The patient developed cellulitis and presented hot, swollen wounds with pus on the right arm. The physician ordered another blood culture to determine the patient's progress; however, it is still in process. The patient will continue to rest and receive antibiotic therapy until the blood cultures have been completed and the physician has decided on discharge.

Discharge Planning (2 points)

The patient will be discharged upon physician orders and will likely be on oral antibiotics. Education will be done to ensure the patient's compliance in completing their antibiotic therapy. The patient will go home with their spouse. The patient will attend their scheduled ortho outpatient follow-up.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	**Rational**	**Intervention (2 per dx)**	**Evaluation**
• Include full nursing diagnosis with “related to” and “as evidenced by” components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to

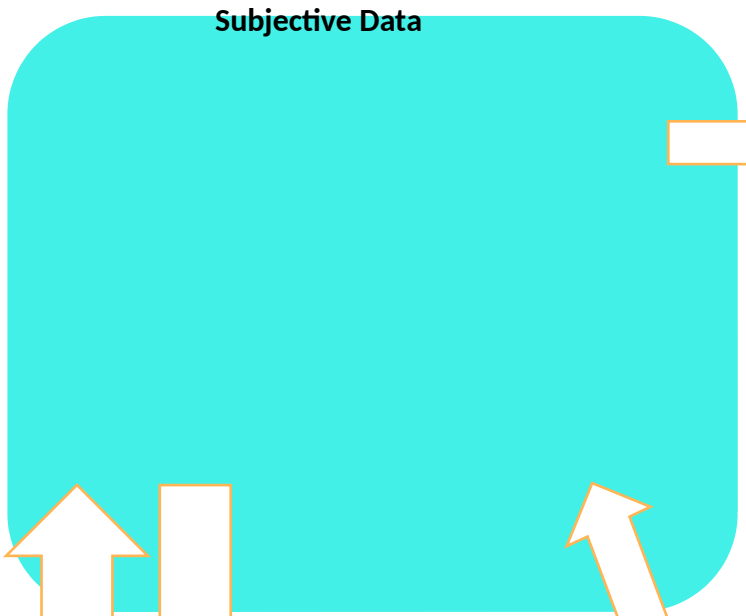
			plan.
1. **Impaired gas exchange related to fluid accumulation in lungs as evidenced by 85% saO2 during admission.**	**The patient is diagnosed with pneumonia-causing fluid to accumulate in the lungs. Excess fluid and mucus inhibit gas exchange. The patient reported being in a hypoxic state at 85% O2 saturation before interventions.**	**1.Elevate the head of the bed to high fowlers position and promote turning, coughing, and deep breathing at least every hour.** **2.Administer supplemental oxygen therapy as prescribed/needed.**	**1. Elevating the head of the bed encouraged optimal lung expansion. Turning, coughing, and deep breathing mobilized secretion and promoted lung expansion. Overall, the patient's ventilation and perfusion was improved.** **2. The patient's O2 saturation remained within defined limits above 95%**
2. **Risk for infection related to positive blood cultures secondary to cellulitis/pneumonia as evidenced by increased WBC of 10.2.**	**The patient was primarily diagnosed with pneumonia; however, cellulitis was observed, and blood cultures reported positive for gram-positive streptococcus pyogenes**	**1. Administer prescribed azithromycin and ceftriaxone antibiotics** **2.Promote adequate rest, sufficient nutritional intake, and moderate activity**	**1. The patient's WBC decreased to baseline and repeat blood cultures produced negative results. Spread of infection to the rest of the body was prevented.** **2. The patient's recovery is promoted through rest, sufficient intake, and moderate activity, enhancing the natural process of healing. The patient's WBC decreased to baseline, and blood cultures produced negative results. The patient reported an overall feeling of**

			wellness.
1. Acute pain related to skin infection secondary to cellulitis and neuropathy as evidenced by hot, swollen wounds on the right forearm.	**Due to cellulitis, the patient had hot, red, swollen wounds with purulent exudate on the right forearm. The wounds were inflamed and irritated. The patient also has neuropathic pain and takes gabapentin for relief.**	**1. Administer prescribed analgesic as needed.** **2. Educate and encourage clients on nonpharmacological techniques such as guided imagery and distractions.**	**1. The patient reported 0 on the numeric pain scale. The patient reported overall feeling wellness and resumed regular activity.** **2. The patient utilized nonpharmacological techniques to help minimize pain. Upon the report, the patient scored pain a three on the numeric scale. The patient reported feeling better and was able to return to regular activity.**
2. Impaired skin integrity related to cell skin infection secondary to cellulitis as evidenced by hot, swollen wounds on right forearm.	**The patient had hot, red, swollen wounds with purulent exudate on the right forearm. The wounds were inflamed and irritated, indicating impaired skin integrity.**	**1. Administer prescribed azithromycin and ceftriaxone antibiotics** **2. Clean the wound frequently**	**1. The antibiotics alleviated the patient's infection. The decrease in bacteria promoted proper wound healing, improving skin integrity. The patient's wounds healed properly.** **2. Bacteria were removed and promoted good wound healing. The patient's skin healed well.**

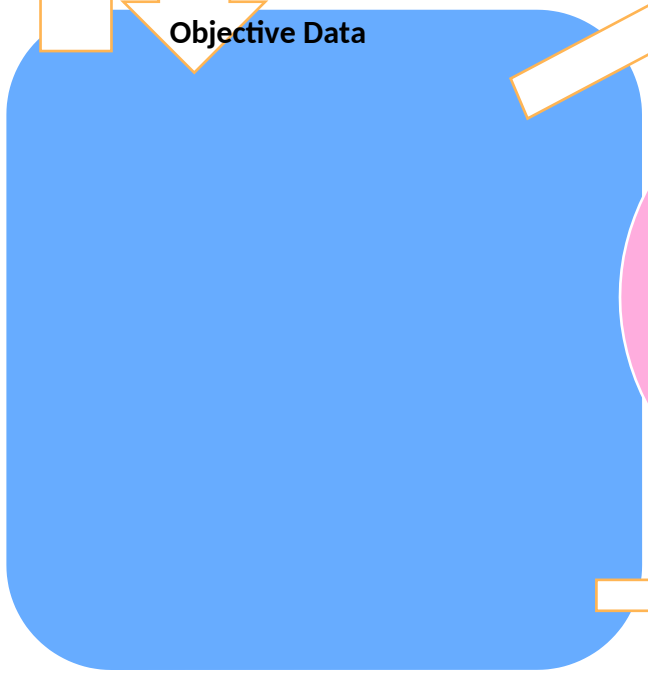
Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). ***All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and psychiatric-mental health*** **(5th ed.). Elsevier**

Concept Map (20 Points):

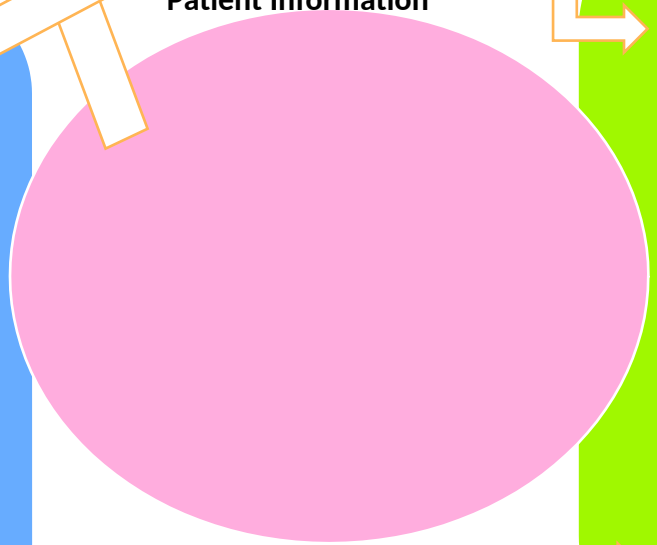


Pt. they've been feeling unwell with chills occurring for the past 3 days. Pt has also reported pain in his left buttock that's been radiating to the front abdomen



WBC 10.2 Hgb 8.4
Neutrophils 7.2
Glucose 134
BUN 25
Creatine 1.29

A 60yo male presented to the ED with changes in mental status, weakness and fall. Pt. reported having fever, chills, and cough suggesting pneumonia. Pt. has history of neuropathic pain, HTN, DM2. Patient has had left total knee arthroplasty last year



Nursing Diagnosis/Outcomes

1. Impaired gas exchange related to fluid accumulation in lungs as evidenced by 85% saO2 during admission.
- Elevating the head of the bed encouraged optimal lung expansion. Turning, coughing, and deep breathing mobilized secretion and promoted lung expansion. Overall, the patient's ventilation and perfusion was improved. The patient's O2 saturation remained within defined limits at 95%.

- Supplemental oxygen therapy delivered extra oxygen required for the patient to breathe properly. The patient's O2 saturation remained within defined limits above 95%.

2. Risk for infection related to positive blood cultures secondary to cellulitis/pneumonia as evidenced by increased WBC of 10.2 and gram positive streptococcus pyogenes in blood.

- The patient's WBC decreased and repeat blood cultures produced negative results.

The patient's recovery is promoted through rest, sufficient intake, and moderate activity, enhancing the natural process of healing. The patient's WBC decreased to baseline, and blood cultures produced negative results. The patient reported an overall feeling of wellness.

3. Acute pain related to skin infection secondary to cellulitis and neuropathic pain as evidenced by hot, swollen wounds on the right forearm.

-The patient reported 0 on the numeric pain scale. The patient reported overall feeling wellness and resumed regular activity.

- The patient utilized nonpharmacological techniques to help minimize pain. Upon the report, the

Nursing Interventions

1. Elevate the head of the bed to high fowlers position and promote turning, coughing, and deep breathing every hour.
2.Administer oxygen therapy as prescribed/needed.
3.Administer prescribed antibiotics.
4.Promote adequate rest, sufficient nutritional intake, and moderate activity.
5.Administer prescribed analgesics/gabapentin as needed.
6.Educate and encourage clients on nonpharmacological techniques such as guided imagery and distractions.
7. Administer prescribed azithromycin and ceftriaxone antibiotics
8. Clean the wound frequently