N431 Care Plan #1

Lakeview College of Nursing

Macie Wilson

Demographics (3 points)

Date of Admission 10-03-2021	**Patient Initials** TR	**Age** 37	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Unemployed	**Marital Status** Single	**Allergies** Latex
Code Status Full Code	**Height** 5'0	**Weight** 140.2 lbs.	

Medical History (5 Points)

Past Medical History: Ascites, Type 2 Diabetes, Thyroid Disease, Alcoholic Hepatitis, Allergic rhinitis, Gastroesophageal Reflux Disease (GERD), Hypokalemia, Hypothyroidism, Irritable Bowel Syndrome (IBS) with Constipation, Irregular Bleeding, Obesity, Lichen Planus-Like Dermatitis, Polycystic ovary syndrome (PCOS), Vitamin D Deficiency.

Past Surgical History: Three Colonoscopy's, Three esophagogastroduodenoscopy's, Two Dilation and Curettage, Hernia Repair, Nissen Fundoplication, Diagnostic laparoscopy, Diagnostic Paracentesis.

Family History: Breast Cancer on maternal side. Lung Disease on paternal side.

Social History (tobacco/alcohol/drugs): The patient denied use of drugs. The patient stated, "I started smoking when I was 15." Patient currently smokes ¼ to ½ a pack per day. Patient also states, "I started drinking alcohol when I was twenty-seven, but heavily started drinking when my father passed away four years ago." Patient reports cutting back to two shots per day but refuses to give a baseline of alcohol usage.

Assistive Devices: Patient does not have any assistive devices.

Living Situation: The patient lives at home with her daughter.

Education Level: High School Education

Admission Assessment

Chief Complaint (2 points): Stomach Swelling

History of present Illness (10 points): The patient arrived at the emergency room on October 3rd, 2021. The patient stated, "The swelling started in my legs on Sunday morning and worsened overnight." The patient stated, "The swelling moved from my legs to my abdomen within the next day." The patient came into the emergency room the following day for treatment. The patient stated, "it feels like my stomach is going to explode almost like when you are super full and can't take another bite, but then you take two more bites." The patient is experiencing discomfort with activity as well as nausea. The patient did take Lasix's before coming in on Sunday, but they did not seem to help. The patient States, "Nothing I did makes my stomach go down, and that's why I came to the emergency room." The patient has received spironolactone since admission to the hospital. The patient has had one paracentesis sense admission; however, it was only done for testing; therefore, treatment is ongoing. The patient's abdomen has sense gone down some but is still distended.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Decompensated Hepatic Cirrhosis

Secondary Diagnosis (if applicable): Anemia, Chronic Diarrhea, Hypophosphatemia, hypokalemia, GERD, Hypothyroidism, Spontaneous Bacterial Peritonitis, Sepsis, Liver Failure, Acute Alcoholic Hepatitis

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

Hepatic cirrhosis is a chronic disease characterized by the replacement of normal liver tissue with diffuse fibrosis that disrupts the structure and function of the liver (Caprotti, 2020). In alcoholic cirrhosis, the scar tissue characteristically surrounds the portal areas (Hinkle & Cheever, 2018). This is caused by chronic alcohol abuse. Alcoholic cirrhosis is characterized by episodes of necrosis involving the liver cells, repeatedly occurring throughout the disease process (Hinkle & Cheever, 2018). These destroyed liver cells are replaced by scar tissue over time, and eventually, the amount of scar tissue exceeds that of the functioning liver tissue (Hinkle & Cheever, 2018). Hepatic cirrhosis can also affect a person's neurological function (Caprotti, 2020). Hepatic cirrhosis can cause a build-up of ammonia which then travels to the bloodstream, affecting the nervous system's function (Caprotti, 2020). This can cause confusion and cognitive and behavioral changes (Caprotti, 2020).

Signs and symptoms of cirrhosis increase in severity as the disease progresses (Hinkle & Cheever, 2018). The patient was diagnosed with uncompensated cirrhosis, indicating failure of the liver. These signs and symptoms are offered worse than compensated cirrhosis (Hinkle & Cheever, 2018). Decompensated cirrhosis symptoms include Ascites, jaundice, weight loss, hypotension, edema, anemia, and weakness (Hinkle & Cheever, 2018). The patient has been diagnosed with edema, anemia, jaundice, and ascites.

To determine the extent of cirrhosis, laboratory tests are performed. In severe cases, serum albumin levels decrease, and serum globulin levels increase (Hinkle & Cheever, 2018). Serum alkaline, phosphatase, AST, ALT, and GGT are all increased (Hinkle & Cheever, 2018). Serum cholinesterase levels may be decreased (Hinkle & Cheever, 2018). Bilirubin labs are done to measure bile exertion and are usually increased with cirrhosis (Hinkle & Cheever, 2018). CT

scans are done to visualize the liver's size, hepatic blood flow, and obstruction, and the presence of liver fibrosis (Hinkle & Cheever, 2018). The patient's albumin was 2.9, Alk Phos was 2.5, AST was 169, ALT was 54, and Bilirubin was 18.4 upon admission. These laboratory findings indicate that the patient has cirrhosis. The patient also had a CT scan of the abdomen to identify the states of the liver. The CT scan revealed a build of fluid within the liver.

Treatment of cirrhosis is based on the presenting symptoms (Hinkle & Cheever, 2018). Sometimes antacids are prescribed to decrease gastric distress and minimize the possibility of a GI bleed. Other times vitamins and nutritional supplements are given to promote healing of the damaged liver cells (Hinkle & Cheever, 2018). Potassium-sparing diuretic agents are also used in the case of ascites (Hinkle & Cheever, 2018). The avoidance of alcohol and an adequate diet is essential in treating cirrhosis (Hinkle & Cheever, 2018). Many medications have also been proven to possess antifibrotic activity. These medications include colchicine, angiotensin system inhibitors, statins, diuretics, immunosuppressants, and glitazones (Hinkle & Cheever, 2018). In this case, the patient is taking a potassium-sparing diuretic called spironolactone. The patient has also been advised to stop drinking alcohol and to focus on a healthy diet.

Pathophysiology References (2) (APA):

Caprotti, T. (2020) *Davis advantage for pathophysiology: introductory concepts and clinical perspectives.* (2nd Edition). Philadelphia: F.A. Davis. Company

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

Laboratory Data (15 points)

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

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	F 4-5.5 million M 4.5-6 million	3.30 million	2.34 million	The patient's RBC level is low due to anemia caused by alcohol abuse (Hinkle & Cheever, 2018).
Hgb	F 12-15 g/dL M 14-16 g/dL	11.9 g/dL	8.6 g/dL	The patient's Hgb level is low due to anemia caused by alcohol abuse (Hinkle & Cheever, 2018).
Hct	F 42-52% M 35-47%	34.4%	25.6%	The patient's Hct level is low due to anemia caused by alcohol abuse (Hinkle & Cheever, 2018).
Platelets	150,000-400,000 cells/ mm3	224,000 cells/ mm3	141,000 cells/ mm3	The patient's platelets level is low due to alcoholic hepatitis (Hinkle & Cheever, 2018).
WBC	4,500-11,000 cells/mm3	17,300 cells/ mm3	10,000 cells/ mm3	The patient's WBC level is high due to Spontaneous Bacterial Peritonitis. This is the bodies normal immune response (Hinkle & Cheever, 2018).
Neutrophils	45%-75%	81.7%	73%	The patient's neutrophil level is high due to Spontaneous Bacterial Peritonitis. This is the bodies normal immune response (Hinkle & Cheever, 2018).
Lymphocytes	20%-40%	12%	19%	The patient's lymphocytes level is low due to immunosuppression form alcoholic hepatitis (Hinkle & Cheever, 2018).
Monocytes	4%-6%	5.8%	7.4%	The patient's monocytes level is high due to Spontaneous Bacterial Peritonitis. This is the bodies normal immune response (Hinkle & Cheever, 2018).
Eosinophils	<7%	0.3%	0.6%	
Bands	0.0-3.0%	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-	135-145 mEq/L	134 mEq/L	137 mEq/L	
K+	3.5-5.0 mEq/L	2.41 mEq/L	3.14 mEq/L	The patient's potassium is low due to chronic diarrhea and chronic alcohol intake (Hinkle & Cheever, 2018).
Cl-	97-107 mEq/L	95 mEq/L	105 mEq/L	The patient's chloride is low due to cirrhosis (Hinkle & Cheever, 2018).
CO2	21-31 mmol/L	25.5 mmol/L	19.3 mmol/L	The patient's carbon dioxide is low due to liver failure (Hinkle & Cheever, 2018).
Glucose	70-100 mg/dL	111 mmol/L	95 mmol/L	The patient's glucose level is high due to the patient being diabetic (Hinkle & Cheever, 2018).
BUN	5-25 mg/dL	< 4 mg/dL	< 4 mg/dL	The patient's BUN level is high due to liver failure (Hinkle & Cheever, 2018).
Creatinine	.6-1.3 mg/dL	0.66 mg/dL	0.66 mg/dL	
Albumin	3.5-5.2 gm/dL	2.9 gm/dL	2.7 gm/dL	The patient's albumin is low due to cirrhosis (Hinkle & Cheever, 2018).
Calcium	8.7-10.2 mg/ dL	8.9 mg/dL	7.7 mg/dL	The patient's calcium is low due to chronic alcohol intake (Hinkle & Cheever, 2018).
Mag	1.3/3.0 mg/dL	1.6 mg/dL	1.3 mg/dL	
Phosphate	2.5-4.5 mg/dL	2.5 mg/dL	2.8 mg/dL	
Bilirubin	.1-1.4 mg/dL	18.4 mg/dL	12.5 mg/dL	The patient's bilirubin is high due to cirrhosis (Hinkle & Cheever, 2018).
Alk Phos	40-120 U/L	262 U/L	159 U/L	The patient's Alk Phos is high due to cirrhosis (Hinkle & Cheever, 2018).
AST	10-30 U/L	169 U/L	117 U/L	The patient's AST is high due to cirrhosis (Hinkle & Cheever, 2018).
ALT	10-40 U/L	54 U/L	39 U/L	The patient's ALT is high due to cirrhosis (Hinkle & Cheever, 2018).
Amylase	30-110 U/L	13 U/L	N/A	The patient's calcium is low due to chronic alcohol intake (Hinkle &

				Cheever, 2018).
Lipase	0-160 U/L	38	N/A	
Lactic Acid	4.5-19.8 mg/dL	17.66 mg/dL	N/A	
Troponin	0.4ng/ml	N/A	N/A	
CK-MB	5-25 units/L	N/A	N/A	
Total CK	26-174 units/L	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	>1.1	N/A	N/A	
PT	M9.6-11.8 F9.5-11.3	N/A	N/A	
PTT	30-40 seconds	N/A	N/A	
D-Dimer	<250 ng/mL	N/A	N/A	
BNP	<100pg/mL	N/A	N/A	
HDL	<60 mg/dl	N/A	N/A	
LDL	<130 mg/dL	N/A	N/A	
Cholesterol	<200 mg/dL	N/A	N/A	
Triglycerides	150 mg/dL	N/A	N/A	
Hgb A1c	Diabetic <7% Nondiabetic 4-5.6%	N/A	N/A	
TSH	.4-1.4 mu/L	N/A	N/A	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Clear/yellow	Amber	N/A	
pH	4.5-8	6.0	N/A	
Specific Gravity	1.005-1.035	1.012	N/A	
Glucose	Negative	1+	N/A	The Patient has glucose in the urine due to type 2 diabetes (Hinkle & Cheever, 2018).
Protein	Negative	1+	N/A	The Patient has protein in the urine due to type 2 diabetes (Hinkle & Cheever, 2018).
Ketones	Negative	Negative	N/A	
WBC	None or rare	21-50	N/A	The patient has WBC in her urine due to infection (Hinkle & Cheever, 2018).
RBC	None or rare	0-2	N/A	The patient has RBC in her urine due to infection (Hinkle & Cheever, 2018).
Leukoesterase	None or rare	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	N/A	N/A	
PaO2	80-100 mmHg	N/A	N/A	
PaCO2	35-45 mmHg	N/A	N/A	
HCO3	22-26 mEq/L	N/A	N/A	

SaO2	95%-100%	N/A	N/A	

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

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	Negative	N/A	
Blood Culture	Negative	Negative	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	Negative	N/A	

Lab Correlations Reference (1) (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Ethanol blood draw, Acetaminophen blood draw, CT abdomen/pelvis, with iv contrast.

Diagnostic Test Correlation (5 points): A CT of the abdomen/pelvis detects signs of inflammation, infection, injury, or disease of the liver, spleen, kidneys, bladder, stomach, intestines, pancreas, and adrenal glands (Hinkle & Cheever, 2018). A CT of the abdomen/pelvis was performed on this Patient in response to the Patient's distended abdomen. The patients' labs, such as her bilirubin, AST, and ALT, suggested a problem within the liver. Her lab results also showed signs of infection. These findings lead to the performance of a CT scan. The CT scan

revealed fluid buildup in the abdomen that ended up being Spontaneous Bacterial Peritonitis and disease of the liver.

The Patient also had her blood tested for the presents of Ethanol and acetaminophen. This was done due to the discovery of alcoholic hepatitis and liver disease. These tests help identify if alcohol and acetaminophen are currently present in the Patient's bloodstream (Hinkle & Cheever, 2018). These tests can help determine what is causing the Patient's liver disease. Both blood tests came back within normal ranges, indicating that the Patient was not currently drinking upon admission and that the Patient reframes from overuse of acetaminophen.

Diagnostic Test Reference (1) (APA):

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

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

Home Medications (5 required)

Brand/Generic	Folic acid Vitamin B_9/ Folvite	Levothyroxine/ Synthroid	Pantoprazole/ Protonix	Thiamine Vitamin B_1/ Betaxin	Ambien/ Zolpidem
Dose	1mg	75mcg	40mg	100mg	5mg
Frequency	Daily	Daily	Daily	Daily	Once at be
Route	Oral	Oral	Oral	Oral	Oral
Classification	Vitamins	Synthetic thyroxine/Thyroid hormone replacement	Proton pump inhibitor/ Antiulcer	Vitamins	Imidazopy Hypnotic
Mechanism of Action	Stimulates the production of red blood cells, white blood cells, and platelets.	Replaces endogenous thyroid hormone. Which may exert its	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-	Thiamine combines with adenosine triphosphate (ATP) in the liver, kidneys, and leukocytes to	Increases GABA's inhibitory effects, bl arousal, a preserves

		physiologic effect by controlling DNA transcription and protein synthesis.	adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells.	produce thiamine diphosphate. This enables the body to use carbohydrates as energy.	sleep.
Reason Client Taking	To treat vitamin B_9 deficiency due to anemia.	To help improve hypothyroidism.	To maintain healing of erosive esophagitis and reduce relapse of daytime and nighttime symptoms of GERD.	To treat vitamin B_1 deficiency due to the use of alcohol.	To promo better slee
Contraindications (2)	Hypersensitivity to vitamin B_9. Renal impairments	Hypersensitivity to levothyroxine Uncorrected adrenal insufficiency	Hypersensitivity to pantoprazole Substituted benzimidazoles	Hypersensitivity to thiamine Severe allergic reactions	Hypersens to zolpide Severe he impairme
Side Effects/Adverse Reactions (2)	Sleep problems Irritability	Anxiety Worsening of diabetic control	Confusion Fatigue	Weakness Nausea	Depressio Drowsines
Nursing Considerations (2)	Expect mild diarrhea. A careful history of dietary intake and drug and alcohol usage should be obtained prior to start of therapy.	Expect Patient to undergo thyroid function tests regularly. Monitor blood glucose level of diabetic patient because the drug might worsen glycemic control.	Monitor for bone fractures. Monitor patients' urine output because pantoprazole can cause acute interstitial nephritis.	Instruct client to avoid the use of alcohol while taking the vitamin. Patient should not be taking Thiamine without medical advice.	Administe before pat bedtime. Monitor p for CNS depressio
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor patients on phenytoin for subtherapeutic	Monitor PT of patient receiving an anticoagulant.	Monitor patients PT and INR due to the use of	Monitor for thiamine toxicity before admitting another dose.	Check vita such as respiratory before

	plasma levels A CBC should be completed to determine if you have folic acid deficiency anemia.	Monitor patient for over or undertreatment of levothyroxine due to the narrow therapeutic index.	anticoagulants		administer medicatio
Client Teaching needs (2)	Instruct the patient to take folic acid exactly as directed. Educate client a healthy diet and instruct client to eat foods high in folic acid such as eggs, legumes and leafy greens.	Advise the patient not to stop drug or change dosage unless instructed by prescriber. Emphasize the need to take levothyroxine with a full glass of water to avoid chocking and developing heartburn afterward.	Instruct Patient to swallow pantoprazole tablets whole and to not chew or crush tablets. Advise Patient to notify prescriber if patient notices a decrease amount of urine void or blood in the urine.	Instruct patient to follow prescribed amount. Instruct patient follow diet orders given by the physician in regrades to the medication.	Take this medicatio before bed Report an unusual, o behaviors using this medicatio

Hospital Medications (5 required)

Brand/Generic	Bumetanide/ Bumex	Enoxaparin/ Lovenox	Spironolactone/ aldactone	Albumin/ Albumina	Morphine/ Kadian
Dose	1mg	40mg	50mg	25g	2mg
Frequency	Every eight hours	Daily	Daily	Every eight hours	Every four hours
Route	IV push	Subcutaneous injection	Oral	IV infusion	IV push
Classification	Loop diuretic as sulfonamide derivative/ diuretic	Low- molecular - weight heparin/Anticoagulan t	Potassium-sparing diuretic/ diuretic	Volume Expander	Opioid/ Opioid analgesic

Mechanism of Action	Inhibits reabsorption of sodium, chloride, and water in the ascending limb of the loop of Henle which promotes their excretion and reduces fluid volume.	Rapidly binds with and inactivates clotting factors.	Prevents sodium and water reabsorption and causes them to be excreted through the distal convoluted tubules.	Exogenously administered albumin increases the oncotic pressure of the intravascular system, pulling fluids from the interstitial space, thereby decreasing edema and increasing the circulating blood volume.	Bonds with mu receptors to relieve pain.
Reason Client Taking	The patient is taking this medication to treat edema associated with hepatic disease.	The patient is taking this medication to prevent DVT while in the hospital.	The patient is taking this medication to treat edema associated with hepatic cirrhosis.	The patient is taking this medication due to the patient's liver disease.	The client has numerous diagnosis that cause her pain.
Contraindications (2)	Anuria Severe electrolyte depletion	Active major bleeding Pork Products	Acute renal insufficiency hyperkalemia	High blood pressure Significant anemia	Acute Alcoholism Respiratory depression
Side Effects/Adverse Reactions (2)	Azotemia Hypokalemia	CVA Hemorrhage	Encephalopathy Renal failure	Edema Itching	Intestinal obstruction Seizures
Nursing Considerations (2)	Discard unused parenteral solution 24 hours after preparation. Assess fluid and electrolyte balance closely.	Use cautiously in patients with renal impairment. Do not administer via IM injection**.**	Use cautiously in patients with renal impairment. Expect to evaluate patient's serum potassium level frequently.	Monitor IV flow rate and adjust flow rate as needed to avoid rapid rise in BP. Observe for bleeding.	Be aware that morphine can lead to abuse addiction and misuse to ensure that benefits of morphine therapy outweigh risk a risk evaluation and mitigation

					strategy is required Monitor patients' respiratory status during and after administrating the medication.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor serum potassium levels regularly. Monitor fluid intake and output.	Normal INR, APTT, and platelet levels should be checked prior to administration. The patient should also be assessed for bleeding.	Monitor patients' blood pressure and degree of edema. Monitor patients' potassium levels	Monitor patient's albumin levels as well as their Hgb, Hct, and electrolytes. Observe for signs and symptoms of circulatory overload.	Baseline vital signs should be obtained before administration. A pain assessment should also be done prior to administration.
Client Teaching needs (2)	Urge patient to include potassium-rich foods into their daily diet. Instruct Patient to check blood glucose level regularly and to notify prescriber about persistent hyperglycemia.	Taking aspirin or other NSAID's may increase the risk for bleeding therefore the patient should reframe from taking them. Inform patient that they may bleed and/or bruise more easily and that bleeding my take longer than usual to stop while taking this medication.	Instruct patient to take medication with meals or milk. Inform patient that they may experience dizziness during Spironolactone therapy if fluid balance is altered.	Instruct patient to report changes in urinary output. Instruct patient to report chills, nausea, headache, or back pain immediately.	Urge patient to avoid the use of alcohol and other CNS depressants as it can lead to respiratory depression. Tell patient to change positions slowly to minimize the orthostatic hypotension.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). 2020 *Nurse's Drug Handbook*. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation. The patient was well groomed. The patient seemed to be in mild destress when questions were asked.
INTEGUMENTARY (2 points): **Skin color:** Yellow, warm, dry, and intact. **Character:** Warm and dry upon palpation. **Temperature:** Warm **Turgor:** Immediate Recoil **Rashes:** Patient has small rash starting at the neck that moves down toward the shoulder. **Bruises:** **Wounds:** No wounds present upon inspection. **Braden Score: 22** **Drains present: Y☐ N ☒** **Type:**	 Bruising present on patients' right arm, Patient states "Its just from giving blood."
HEENT (1 point): **Head/Neck:** **Ears:** Auricles are pink and moist with no lesions noted bilaterally. **Eyes:** Sclera yellow bilaterally, cornea clear bilaterally, conjunctive pink bilaterally, no visible drainage from eyes bilaterally, lids are moist and pink without lesions or discharge bilaterally, PERRLA bilaterally, red light reflex present bilaterally, EOMs intact bilaterally. **Nose:** Septum is midline turbinates are moist and pink bilaterally and no visible bleeding or polyps present. Frontal sinuses are nontender to palpitation bilaterally **Teeth:**	Head and neck are symmetrical, trachea is midline without deviation, thyroid is not palpable, no noted nodules. Bilateral carotid pulses are palpable and two plus. no lymphadenopathy in the head or neck is noted Patient's teeth are still intact. Oral mucosa is dry and pink with no lesions noted.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** 2+ throughout **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒**	Clear S1 and S2 without murmur galops or rubs. PMI palpable at 5th intercostal space at midclavicular line. Normal rate and rhythm.

Edema Y ☒ N ☐ **Location of Edema:** Patients legs	
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	.Normal rate and pattern of respirations, respirations symmetrical and non-labored, lung sounds clear throughout anterior/posterior bilaterally, no wheezes, crackles, or rhonchi noted.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet:** Regular **Height:** 5 ft **Weight:** 140.2 lbs. **Auscultation Bowel sounds:** Normoactive in all four quadrants. **Last BM:** 10-6-2021 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** Patient does have distended abdomen. **Incisions:** No incisions present. **Scars:** No scares noted. **Drains:** No drains present. **Wounds:** No wounds present. **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	. Patient states her diet as “I eat junk food.” Abdomen is distended, hard, and tender upon palpation. Patient notes discomfort upon palpation. No CVA tenderness noted bilaterally. Patient has small needle mark on abdomen from paracentesis.
GENITOURINARY (2 Points): **Color:** Amber **Character:** Clear **Quantity of urine:** The patient has voided five times today, but urine is not being measured. **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** Clean with no lesions noted. **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient states she does not have any pain while urinating.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** Full ROM	. All extremities have full range of motion. Hand grips and pedal pushes and pulls demonstrate

Supportive devices: No devices used **Strength:** Equal Bilaterally **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** 35 **Activity/Mobility Status:** Independent **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	normal and equal strength bilaterally. Balanced and smooth gait noted.
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** Alert **Mental Status:** Alert **Speech:** Clear and appropriate for patient's age. **Sensory:** Intact **LOC:** Alert	.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** Adulthood **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	. Patient states her coping methods include working on puzzles, reading, camping, watching movies, and talking to friends. Patient states she is Christin and to her It means believe in Jesus. Patient states she has a good support system from her family and her friends.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1600	84 beats per minute	110/80	16 breaths per minute	97.7 degrees Fahrenheit	96% on room air
1730	82 beats per minute	116/80	16 breaths per minute	98.1 degrees Fahrenheit	97% on room air

Vital Sign Trends: Patients vital signs have been stable and normal throughout the duration of clinical.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1615	0-10	Lower back pain	7	Patient states "my back feels tight and sore."	Patient received pain medication and was made more comfortable in the bed.
1645	0-10	Lower back pain	4	Patient states "I think the pain is mostly just muscle soreness from this bed."	Repositioning was done by adding more pillows behind the patients back.

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge **Location of IV:** left antecubital **Date on IV:** 10-3-2021 **Patency of IV:** patent **Signs of erythema, drainage, etc.:** No signs of erythema or drainage noted. **IV dressing assessment:** dressing is clean, dry and intact.	Saline lock

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
352 mL of water 355 mL of Sprite 250 mL of normal saline 100 mL of albumin	Patient has voided five times today, however no volume has been recorded.

Total intake of 1,057 mL	

Nursing Care

Summary of Care (2 points)

Overview of care: The patient complained of pain in the afternoon and morphine was given to help relive the pain. Vital signs were stable throughout the duration of clinical. The patient was calm and cooperative. Patient colored on coloring pages and talked to family and friends on the phone. Albumin infusion was received, and patient tolerated treatment well.

Procedures/testing done: No procedures or testing was done during clinical time on 10-06-2021.

Complaints/Issues: The patient complains of back pain. Patient states “I do not want to be stabbed with anymore needles.”

Vital signs (stable/unstable): Stable vital signs

Tolerating diet, activity, etc.: The patient gets up ab lib throughout the day making several trips to the bathroom.

Physician notifications: No physician notifications were needed.

Future plans for patient: The patient will return home once her condition is stable and treated.

Discharge Planning (2 points)

Discharge location: The patient will return to her home.

Home health needs (if applicable): No home health needs required

Equipment needs (if applicable): No equipment needs currently.

Follow up plan: The patient will have a follow up visit for pain on 10-13-2021. The patient will also have a follow up visit with GI on 11-08-2021.

Education needs: The patient needs education on the cession of smoking and the use of alcohol.

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. Excess fluid volume related to compromised regulatory mechanism as evidence by edema.	This nursing diagnosis was chosen because the patient's abdomen is distended due to excess fluid and edema is present. This has made the patient uncomfortable for the past few days.	1. Daily weight 2.Measure I&O	The patient was willing to have her weight taken daily and her input measured however does not want to pee in the hat. The client's goals were not yet met, and interventions will continue. The desired outcome is for the patient to get rid of the excess fluid accumulation.
2. Imbalanced nutrition related to ascites as evidence by patient stating, "I don't eat much because I feel nausea all the time."	This nursing diagnosis was chosen due to the patient reporting constant nausea and the inability to eat.	1. Explore the patient's nutritional intake and food habits. 2.Administer Zofran	The Patient does not want to change how she eats and believe her diet won't change. Patient states "I'm already giving up alcohol and that that should be enough." Client states Zofran doesn't help and that she is always nausea no matter what. Patient has not meet goals of

			balanced nutritional intake and will need more teaching of its importance.
3. Deficient knowledge related to lack of exposure to ascites as evidence by patient stating, “no one is doing anything to get rid of this water in my stomach.”	This nursing diagnosis was chosen due to the client’s lack of unfamiliarity with information resources.	1. Stress importance of avoiding alcohol. 2. Emphasize the importance of a paracentesis	The Patient responded poorly to the nursing diagnosis as she believes no one is trying to get rid of the fluid. Client’s goals were not met, and treatment is ongoing. Patient states she is trying to quit drinking alcohol and understands it is not good for her. The patient doesn’t however want a paracentesis stating, “I will not have that needle shoved into my belly again because it hurts.” The patient still needs more teaching on why the paracentesis is so important. Education is ongoing for this patient.
4. Risk for ineffective management related to alcohol abuse as evidence by patient still drinking.	This nursing diagnosis was chosen due to the client’s inability to stop drinking and the effects it has had on the client.	1. Give patient recourses to rehabilitation programs 2. Educate the patient on the effects of alcohol in relation to her condition.	The patient responded poorly to the nursing diagnosis as she states she can do it on her own and on her own time. Client’s goals were not met, and education is still ongoing. Patient becomes irritable when talking about her abuse issues and is not open to talking about them.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient states her legs began to swell and eventually moved to her belly. Patient states she took diuretic at home, but they did not help.

Nursing Diagnosis/Outcomes

Excess fluid volume related to compromised regulatory mechanism as evidence by edema.
Outcome: The client's goals were not yet met, and interventions will continue. The desired outcome is for the patient to get rid of the excess fluid accumulation.

Imbalanced nutrition related to ascites as evidence by patient stating, "I don't eat much because I feel nausea all the time."
Outcome: Client states Zofran doesn't help and that she is always nausea no matter what. Patient has not meet goals of balanced nutritional intake and will need more teaching of its importance.

Deficient knowledge related to lack of exposure to ascites as evidence by patient stating, "no one is doing anything to get rid of this water in my stomach."
Outcome: Client's goals were not met. The patient still needs more teaching on why the paracentesis is so important. Education is ongoing for this patient.

Risk for ineffective management related to alcohol abuse as evidence by patient still drinking.
Outcome: Client's goals were not met, and education is still ongoing. Patient becomes irritable when talking about her abuse issues and is not open to talking about them.

Objective Data

Patient reports pain 7 out of 10.
5 ft.
140.2 lbs.
Pulse 82, BP 116/80, respirations 16, Oxygen 97% on room air, Temp. 98.1 degrees Fahrenheit
Bilirubin 12.5
AST 117
ALT 39

Patient Information

TR
37-year-old
Female
Single
Unemployed
Ascites
Liver failure
Decompensated hepatic cirrhosis
Acute alcoholic hepatitis

Nursing Interventions

Daily weight
Measure I&O
Explore the patient's nutritional intake and food habits.
Administer Zofran
Stress importance of avoiding alcohol.
Emphasize the importance of a paracentesis
Give patient recourses to rehabilitation programs
Educate the patient on the effects of alcohol in relation to her condition.