

N311 Care Plan #

Lakeview College of Nursing

Name

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
Race/Ethnicity	Occupation	Marital Status	Allergies
Code Status	Height	Weight	

Medical History (5 Points)**Past Medical History:****Past Surgical History:****Family History:****Social History (tobacco/alcohol/drugs):****Admission Assessment****Chief Complaint (2 points):****History of present Illness (10 points):.****Primary Diagnosis****Primary Diagnosis on Admission (3 points):.****Secondary Diagnosis (if applicable):.****Pathophysiology of the Disease, APA format (20 points):**

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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				
Hgb				
Hct				
Platelets				
WBC				
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-				
K+				
Cl-				
CO2				
Glucose				
BUN				

Creatinine				
Albumin				
Calcium				
Mag				
Phosphate				
Bilirubin				
Alk Phos				

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				
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

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				
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					

Medications Reference (APA):

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/> Location of Edema:</p>	
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/> Breath Sounds: Location, character</p>	
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM:</p>	

<p>Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input type="checkbox"/> Type:</p>	
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input type="checkbox"/> Type: Size:</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	

<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions

Intake and Output (2 points)

Intake (in mL)	Output (in mL)

Nursing Diagnosis (15 points)

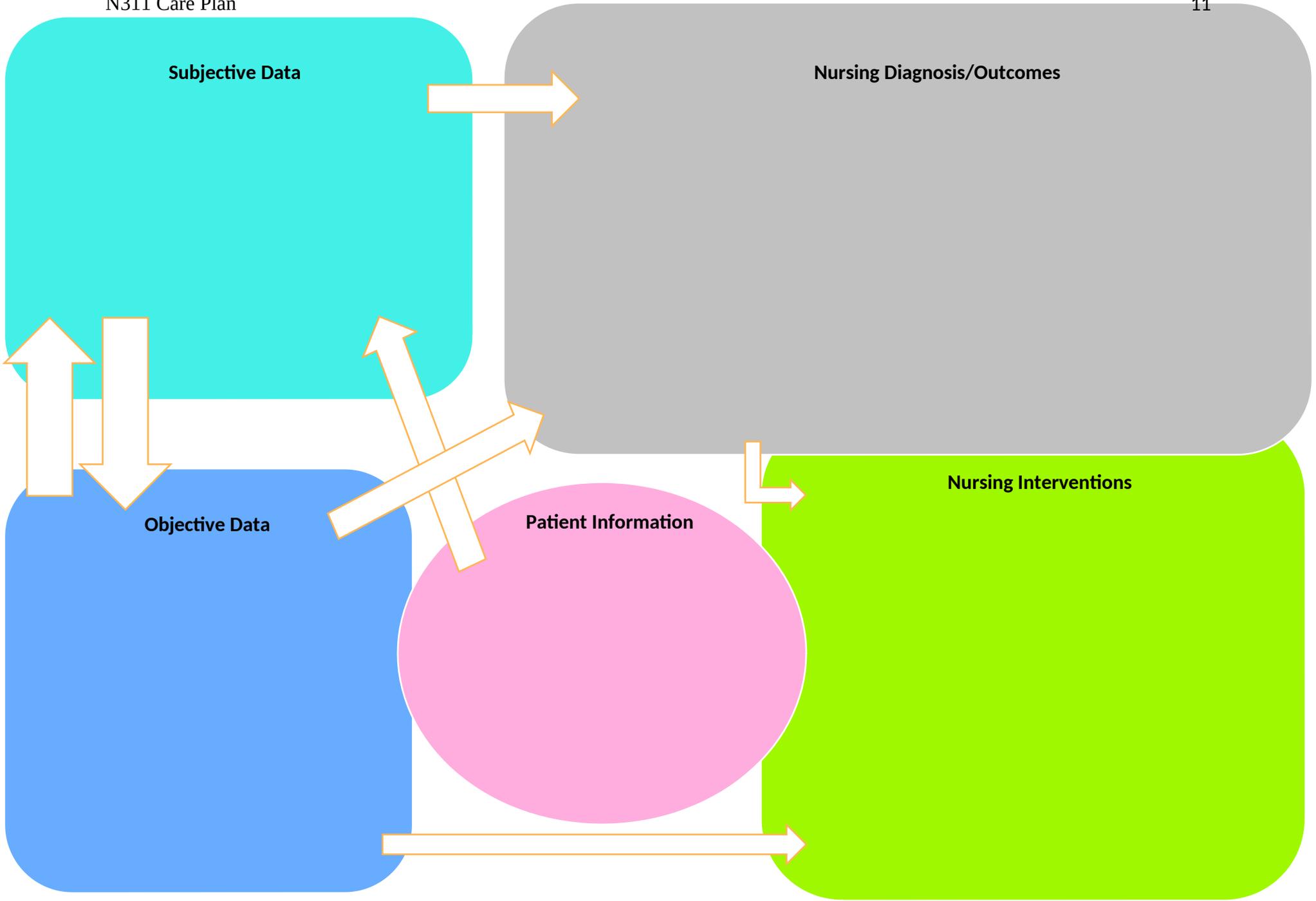
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.

1.		1. 2.	
2.		1. 2.	

Overall APA format (5 points):

Concept Map (20 Points):



Subjective Data

Nursing Diagnosis/Outcomes

Objective Data

Patient Information

Nursing Interventions

Medications: Contradictions (what type of people would normally take this medication)

Route (how is this medicine received; oral, anal, etc)

Physical exam: General

Orientation (A&O, alert and oriented)

Overall appearance (well groomed, well maintained)

Distress (signs/no signs of distress)

Integumentary

Characteristics: (scaly, etc)

Turgor: (elastic, loose, tenting)

Temp: (warm, clammy)

Wounds: (surgical wounds, abdominal etc)

Drains present: (wound vac, penrose, etc)

HEENT

Head/neck: ears (symmetry, tympanic membrane is intact)

Eyes(PERRLA, 6 cardinal fields of gaze)

Teeth: (teeth are intact, how do their gums look if they have dentures?)

Cardiovascular

Cardiac rhythm: (afib, normal heart beat)

Peripheral pulses: (radial, dorsalis pedis (foot amp, popliteal)

Respiratory

Accessory muscle use: (are they breathing heavily where you would see heavy body movement used to breath?)

GI

Diet at home: (regular, n/a)

Current diet: (mechanically altered, purred, thin liquid, low sodium, heart healthy)

Auscultation of bowel sound; (absent, present, hypoactive/hyperactive)

GU

Character: (chunky, foul smelling)

Musculoskeletal:

ROM: (range of motion, active/passive)

ADL assistant: (most likely yes)

Fall score; (ABSOLUTELY NEEDED)

Neurological

MAEW: (moves all extremities well)

Speech; (soft, slurred, fast, hoarse, etc)

Psychosocial cultural

Coping: (are they going to counseling? Do they have support from their family?)

Are they drinking to cope with their problems?)

Intake & Output

BE SPECIFIC (how many mL did pt drink?)