N321 Care Plan # 1

Lakeview College of Nursing

Cheyenne Gardner

Demographics (3 points)

Date of Admission 10/04/21	**Patient Initials** D.C.	**Age** 81	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired	**Marital Status** Married	**Allergies** Lisinopril & Nabumetone Reaction to these is a rash.
Code Status DNR	**Height** 5'11"	**Weight** 129.7 kg	

Medical History (5 Points)

Past Medical History: Cardiomyopathy, pulmonary embolism, obesity, macular degeneration, elevated AST, hyperlipidemia, hypertension, congestion, overactive bladder, urinary incontinence, and obstructive sleep apnea.

Past Surgical History: Knee replacement-unknown date, shoulder replacement- unknown date

Family History: Unable to obtain due to altered mental status.

Social History (tobacco/alcohol/drugs): Client denies use of tobacco, alcohol, and drugs.

Assistive Devices: Client uses a walker to ambulate and do ADL's.

Living Situation: Lives at mason point nursing home in an apartment alone.

Education Level: Clients' education level is a high school graduate.

Admission Assessment

Chief Complaint (2 points): Altered mental status & jaundice

History of present Illness (10 points):

Client is an 81-year old caucasian female that presented to the emergency room on 10/04/21. The client was found by an employee of mason point sitting in her own urine and stool. The client reported mental status altered and she looked jaundiced. The client did not report any pain

upon admission. Client reported pain 0 out of 10 on the numeric pain scale. While assessing my clients vital signs on 10/11/2021, client stated pain a 0 out of 10 on a numeric pain scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Urinary Tract Infection

Secondary Diagnosis (if applicable): Hyperbilirubinemia

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

Pathophysiology

Urinary tract infections are caused by pathogenic microorganisms in the urinary tract (Hinkle & Cheever, 2018). There are two classifications of urinary tract infections, consisting of an upper and lower urinary tract infections depending on the location of the infection, then they are further classified as complicated or uncomplicated. If a urinary tract infection is complicated it depends on how long the infection lasts and if the infection occurs over and over (Hinkle & Cheever, 2018). Uncomplicated urinary tract infections occur in young women and are not recurrent (Hinkle & Cheever, 2018). Client has a complicated lower urinary tract infection due to it reoccurring.

In order for an infection to happen bacteria from fecal organisms are not voided correctly and ascend into the urethra and bladder (Hinkle & Cheever, 2018). Urinalysis and urine cultures are used to diagnose a lower urinary tract infection. During a urinalysis it is used to test for red blood cells, leukocyte esterase, and nitrates which indicate bacteria (Capriotti, 2020). After a urinalysis is complete then a urine culture is done if the urinalysis is positive for bacteria. Significant bacteria that can cause this include *Proteus*, *Pseudomonas*, *Streptococci*, *Enterococci*, and *Klebsiella* (Capriotti, 2020). The client had a urinalysis done that indicated a

positive leuko esterase and white blood cells, the urine culture was positive for the bacteria *Enterococcus faecalis* and *Klebsiella pneumoniae*. Certain vitals signs that could lead to a possible infection would be increased temperature and tachycardia.

Urinary tract infections have many symptoms that can occur. Some of these signs and symptoms include a burning sensation on urination, urinary frequency, urgency, incontinence and awakening during the night to urinate (Hinkle & Cheever, 2018). In the older adult symptoms of a urinary tract infection may manifest as behavior changes and confusion (Capriotti, 2020). The client was admitted to the hospital with an altered mental status. The client shows signs of incontinence and an urgency to urinate.

Risk factors that could cause a urinary tract infection in women include improper perineal care, irritating bath products, tight clothing and sexual intercourse (Capriotti, 2020). Urinary tract infections are more common in females than males. In males a common risk factor is an enlarged prostate (Capriotti, 2020). In both populations risk factors for a urinary tract infection are dehydration, urinary catheterization, cancer, cancer treatments, and diabetes (Capriotti, 2020). The client is at risk for a urinary tract infection because females are more prone to them.

In order to treat a urinary tract infection an antibiotic is prescribed specific to the bacteria that is found in the culture (Capriotti, 2020). If a client is having pain or a burning sensation Phenazopyridine (Pyridium) can be prescribed to help alleviate this (Capriotti, 2020). Rehydration of the client can be an effective treatment in order to flush out the bacteria (Capriotti, 2020). The client was receiving an antibiotic for the treatment and was encouraged to drink plenty of fluids. The client did not report any pain or burning with urination.

Pathophysiology References (2) (APA):

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

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	**3.90-4.98 (mill/cumm)**	**4.54**	**4.16**	**N/A**
Hgb	**12.0-15.5 (gm/dL)**	**13.8**	**12.9**	**N/A**
Hct	**35-45%**	**41.9**	**39.1**	**N/A**
Platelets	**140-400 (1000/mm3)**	**191**	**229**	**N/A**
WBC	**4.0-9.0 (10 x 3/uL)**	**12.7**	**7.1**	**Elevated due to a bacterial infection related to the client's possible urinary tract infection (Pagana, 2018)**
Neutrophils	**40-70%**	**71.9**	**62.0**	**Elevated upon admission due to bacterial infection (Pagana, 2018)**
Lymphocytes	**10-20%**	**17.1**	**22.9**	**Elevated due to infection caused by the urinary tract infection (Pagana, 2018)**
Monocytes	**5%**	**9.9**	**11.4**	**Elevated to infection from acute infection (Pagana, 2018)**
Eosinophils	**1-4%**	**0.1**	**3.0**	**N/A**
Bands	**0.0-10.0%**	**1.0**	**0.7**	**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)**	**142**	**138**	**N/A**
K+	**3.5-5.1 (mEq/L)**	**4.2**	**3.6**	**N/A**
Cl-	**98-107 (mEq/L)**	**104**	**99**	**N/A**
CO2	**21-31 (mEq/L)**	**24**	**28**	**N/A**
Glucose	**60-110 (mg/dL)**	**150**	**102**	**Elevated levels due to hyperglycemia (Pagana, 2018)**
BUN	**8-23 (mg/dL)**	**40**	**36**	**Elevated from diabetes or obesity affecting the kidney function (Pagana, 2018)**
Creatinine	**0.05-1.00 (mg/dL)**	**1.17**	**1.77**	**Elevated due to possible impaired kidney function (Pagana, 2018)**
Albumin	**3.5-5.2 (gm/dL)**	**3.4**	**3.8**	**N/A**
Calcium	**8.4-10.0 (mg/dL)**	**9.0**	**8.8**	**N/A**
Mag	**1.3 - 2.1 (mg/dL)**	**2.1**	**N/A**	**N/A**
Phosphate	**2.5-5 (mg/dL)**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.0-1.2 (mg/dL)**	**7.7**	**1.9**	**Elevated due to her being jaundiced (Pagana, 2018)**
Alk Phos	**35-105 (U/L)**	**71**	**53**	**N/A**
AST	**13-39 U/L**	**65**	**53**	**Elevated due to past history of her having elevated AST (Pagana, 2018)**
ALT	**7-52 U/L**	**39**	**25**	**N/A**
Amylase	**60-100 U/L**	**N/A**	**N/A**	**N/A**
Lipase	**0-160 U/L**	**13**	**N/A**	**N/A**
Lactic Acid	**0.5-1.5 mEq/L venous**	**2.6-3.6**	**N/A**	**Elevated due to severe infection (Pagana, 2018)**

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	1.28	1.15	N/A
PT	10-12 seconds	16.4	15.1	Elevated because she has a deep vein thrombosis (Pagana, 2018)
PTT	30-45 seconds	31.6	N/A	N/A
D-Dimer	Negative, less than 250 mg/mL	N/A	N/A	N/A
BNP	Less than 100 pg/mL	142	N/A	Elevated due to an intrinsic cardiac dysfunction (Pagana, 2018)
HDL	< 60 md/dL	N/A	N/A	N/A
LDL	< 100 mg/mL	N/A	N/A	N/A
Cholesterol	< 200 mg/dL	N/A	N/A	N/A
Triglycerides	<150 mg/dL	N/A	N/A	N/A
Hgb A1c	< 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	Clear	Yellow/ Cloudy	N/A	N/A
pH	5.0-8.0	5.5	N/A	N/A
Specific Gravity	1.005-1.034	1.016	N/A	N/A
Glucose	Negative	Negative	N/A	N/A
Protein	Negative	Positive	N/A	Could be related to urinary tract infection or a kidney infection (Pagana, 2018)

Ketones	**Negative**	**Negative**	**N/A**	**N/A**
WBC	**0-0.5**	**0.83**	**N/A**	**Elevated due to infection in the urinary tract (Pagana, 2018)**
RBC	**0-3**	**0.5**	**N/A**	**Elevated due to urinary tract infection (Pagana, 2018)**
Leukoesterase	**Negative**	**Positive**	**N/A**	**Elevated due to infection or inflammation in the urinary tract (Pagana, 2018)**

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**	**Positive**	**N/A**	**Enterococcus faecalis and Klebsiella pneumoniae were found, which are common in urinary tract infections (Pagana, 2018)**
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):

Lakeview College of Nursing Diagnostic Lab Value Sheet

Sarah Bush Lincoln Center Hospital System. Medical Value

Pagana, K.D, Pagana, T. N. (2018). Mosby's diagnostic and laboratory test reference (6th ed.). St. Louis, MO.: Mosby.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. 10/07/21 EEG - indicative of diffuse cerebral dysfunction affecting the entire brain. There were no persistent asymmetries, lateralizing abnormalities, no epileptiform discharges. No clinical or electrographic seizures were recorded.
2. 10/08/21 EC Echo complete with contrast - LA severely enlarged, diastolic dysfunction cannot be evaluated because of Afib inferior vena cava dilated suggestive of increased CVP.
3. 10.06/2021 CT Brain/head without contrast - Acute encephalopathy for acute intracranial abnormality moderate to severe volume loss and microvascular type change. Ventricles and extra-axial fluid collections are symmetric and normal in size. Negative for abnormal mass or mass effect. Negative for acute intracranial hemorrhage. The included paranasal sinuses and mastoid air cells are clear. Negative for restricted diffusion. All major intracerebral flow voids are normal in appearance.

Diagnostic Test Correlation (5 points):

1. An electroencephalograph is the electrical activity that is generated through the brain and is obtained through electrodes placed on the brain (Hinkle & Cheever, 2018). It is used in diagnosing seizures, coma, organic brain syndrome, tumors, blood clots, and infections (Hinkle & Cheever, 2018). This was done on the client to see if there were any abnormalities with the client. The client was being checked for any occurring seizures. During the testing, the client lies quietly with both eyes closed and may be asked to hyperventilate for three to four minutes to evoke abnormal electrical discharges (Hinkle & Cheever, 2018).

2. An echocardiography is an ultrasound that is noninvasive, and is used to measure ejection fraction. It is also used to examine the size, shape, and motion of the heart structures (Hinkle & Cheever, 2018). This test is used for diagnosing pericardial effusions, heart murmurs, and evaluating the function of heart valves (Hinkle & Cheever, 2018). The client has atrial fibrillation, so the echo could have been used to monitor the heart for more abnormalities. The echo showed signs of diastolic regurgitation stenosis, left atrium severely damaged, and the inferior vena cava was dilated which suggested CVP.
3. A computed tomography scan helps show cross sectional images of soft tissues and visualizes a certain area being captured (Hinkle & Cheever, 2018). This scan can show tissue injury, tumors, and severe traumas to the abdomen, chest, and head (Hinkle & Cheever, 2018). The client's CT scan showed acute encephalopathy and showed acute intracranial abnormalities related to volume loss.

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

Home Medications (5 required)

Brand/Generic	**Olmesartan medoxomil**	**Duloxetine hydrochloride**	**Gabapentin**	**Tolterodine tartrate**	**Calcium acetate**
Dose	**40 mg**	**60 mg**	**600 mg**	**2 mg**	**1 tablet**
Frequency	**Daily**	**Daily**	**Every night**	**Daily**	**BID**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Angiotensin II receptor blocker and Antihypertensive. (Jones, 2021)**	**Selective serotonin and norepinephrine reuptake inhibitor Antidepressant, Neuropathic, and musculoskeletal pain reliever (Jones, 2021)**	**1-amino-methyl cyclohexane acetic acid Anticonvulsant (Jones, 2021)**	**Cholinergic receptor block Antispasmodic (Jones, 2021)**	**Calcium salts Antacid, Antihyper Magnesemic, Anti Hyperphosphatemic, Antihypocalcemic, calcium replacement, Cardiotonic (Jones, 2021)**
Mechanism of Action	**Blocks angiotensin II from binding to receptor sites and reduces blood pressure (Jones, 2021)**	**Inhibits dopamine, neuronal serotonin, and norepinephrine activity in the CNS and inhibits pain signals from peripheral nerves.**	**Prevents exaggerated responses to painful stimuli (Jones, 2021)**	**Decreases detrusor muscle contractions and helps reduce urge-related incontinence (Jones, 2021)**	**Increases levels of intracellular and extracellular calcium and played a role in normal cardiac and renal function (Jones, 2021)**
Reason Client Taking	**To manage hypertension (Jones, 2021)**	**To manage anxiety and depression. (Jones,**	**To treat restless leg syndrome. (Jones,**	**To treat overactive bladder (Jones,**	**To prevent hypocalcemia with oral supplementatio**

		2021)	**2021)**	**2021)**	**n (Jones, 2021)**
Contraindications (2)	**Severe renal impairment & diabetes (Jones, 2021)**	**Chronic liver disease and severe renal impairment (Jones, 2021)**	**Hypersensitivity to gabapentin or its components (Jones, 2021)**	**Gastric and urine retention (Jones, 2021)**	**Cardiac resuscitation and hypercalcemia (Jones, 2021)**
Side Effects/Adverse Reactions (2)	**Angioedema and acute renal failure (Jones, 2021)**	**Hepatotoxicity and hypertensive crisis (Jones, 2021)**	**Apnea and Hyponatremia (Jones, 2021)**	**QT prolongation and angioedema (Jones, 2021)**	**Hypotension and Hypercalcemia (Jones, 2021)**
Nursing Considerations (2)	**Monitor blood pressure frequently and if client receives a diuretic, make sure sufficient hydration is provided (Jones, 2021)**	**Obtain baseline blood pressure and monitor hepatic function (Jones, 2021)**	**May be mixed with food or water before administration and give drug at least 2 hours after an antacid (Jones, 2021)**	**Use cautiously in clients with narrow-angle glaucoma, if vision changes and dizziness occur implement fall precautions (Jones, 2021)**	**Store at room temperature and protect from heat, moisture and direct light and monitor serum calcium level (Jones, 2021)**

Hospital Medications (5 required)

Brand/Generic	**Levofloxacin**	**DilTIAZem**	**Apixaban**	**Furosemide**	**Metoprolol**
Dose	**500 mg**	**240 mg**	**5 mg**	**20 mg**	**100 mg**
Frequency	**Daily**	**Daily**	**BID**	**Daily**	**BID**
Route	**PO**	**PO**	**PO**	**IV push**	**PO**
Classification	**Fluoroquinolone, Antibiotic. (Jones, 2021)**	**Calcium channel blocker, antianginal, antiarrhythmic, antihypertensive. (Jones, 2021)**	**Factor Xa inhibitor, Anticoagulant (Jones, 2021)**	**Loop diuretic, Antihypertensive, diuretic. (Jones, 2021)**	**Beta angergenic blocker; Antianginal, antihypertensive. (Jones, 2021)**
Mechanism of Action	**Interferes with bacterial cell replication in DNA gyrase, which is essential for replication and repair. (Jones, 2021)**	**Inhibits calcium movement into coronary and vascular smooth muscle cells by blocking calcium channel blockers. (Jones, 2021)**	**Inhibiting factor Xa, it decreases thrombus development and thrombin generation. (Jones, 2021)**	**Inhibits water and sodium reabsorption and increased urine formation. (Jones, 2021)**	**To decrease cardiac contractility, output, and myocardial oxygen demand. (Jones, 2021)**
Reason Client Taking	**To treat possible UTI. (Jones, 2021)**	**To treat atrial fibrillation. (Jones, 2021)**	**To treat DVT or PE. (Jones, 2021)**	**To manage edema, heart failure, and renal disease. (Jones, 2021)**	**To reduce blood pressure. (Jones, 2021)**
Contraindications (2)	**Hypersensitivity to levofloxacino**	**Acute MI and cardiogenic**	**Active pathological bleeding**	**Anuria and hypersensitivity to**	**Heart rate less than 45 beats per**

	components. (Jones, 2021)	**shock. (Jones, 2021)**	**and severe hypersensitivity. (Jones, 2021)**	**furosemide or its components. (Jones, 2021)**	**minute and systolic blood pressure less than 100 mmHg. (Jones, 2021)**
Side Effects/Adverse Reactions (2)	**Hepatotoxicity and jaundice. (Jones, 2021)**	**ECG abnormalities and sinus tachycardia. N/A**	**Excessive bleeding and angioedema. (Jones, 2021)**	**Thromboembolism and hypocalcemia. (Jones, 2021)**	**Arrhythmias and atrial insufficiency. (Jones, 2021)**
Nursing Considerations (2)	**Monitor renal function as appropriate during treatment. Obtain cultures and sensitivity tests before beginning. (Jones, 2021)**	**Monitor patient's blood pressure, heart rate, and rhythm. Watch for digitalis toxicity (nausea, vomiting, and diarrhea). (Jones, 2021)**	**Apixaban should not be taken with severe hepatic dysfunction. Crush the tablet and mix with apple juice. (Jones, 2021)**	**Be aware of patients that are allergic to sulfonamides because they could be allergic to furosemide. Give in the morning so patients' night will not be interrupted. (Jones, 2021)**	**Make sure to monitor blood pressure because it can cause orthostatic hypotension. Assess ECG because metoprolol can lead to risk of AV block. (Jones, 2021)**

Medications Reference (1) (APA):

Jones, D. W. (2021). *Nurse's drug handbook.* (A. Barlett, Ed.) (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Client was alert and oriented to person, place, and situation (x3). She was calm, but seemed confused at times. The client was not in any distress. Her overall appearance was appropriate and was not disheveled.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N X** **Type:**	Client's skin was pale yellow, dry, warm, and intact for her age. Skin turgor is non-elastic and lasts for more than three seconds. She had no rashes, but had a bruise on her left hand. Client had no apparent wounds. Client has a braden score of 15. The client has a non blanchable pressure ulcer on the right upper hip (buttock).
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Client's head and neck appeared to be midline and no deviation noted. Her ears were intact and symmetrical. No drainage was noted. Client's eyes appeared to be symmetrical with no drainage. Client wears glasses. She was able to hear well, with no impairment noted. Client was missing her front tooth and teeth were discolored. Tongue was midline and appeared pink.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N X** **Edema Y ☐ N X** **Location of Edema: N/A**	S1 and S2 heard upon auscultation. Client had tachycardia, which was presented with atrial fibrillation. Pulses were palpable and fast bilaterally in brachial, carotid arteries, and radial arteries. Capillary refills in less than 3 seconds. No edema was presented.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N X**	No abnormal breath sounds auscultated. They were clear. Accessory muscles were not used. No

Breath Sounds: Location, character	chest deformities noted.
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 X** **Nasogastric: Y ☐ N X** **Size:** **Feeding tubes/PEG tube Y ☐ N X** **Type:**	Client stated, "she eats what she wants." The client's diet in the hospital was heart healthy. Height: 5'11" Weight: 129.7 cm Last bowel movement "a week ago." Client's bowel sounds her normoactive 5-30 seconds in all four quadrants for a full minute. No abdominal distension and no drains present. She had scars on her left knee and right shoulder. No ostomy, nasogastric, or feeding tubes.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N X** **Dialysis: Y ☐ N X** **Inspection of genitals:** **Catheter: Y X N ☐** **Type: PureWick** **Size: One size**	Urine was yellow and clear. Client denied any pain or burning while urinating. External urinary catheter (PureWick). No dialysis.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: YX N ☐** **Fall Risk: Y X N☐** **Fall Score: 60** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment X** **Needs support to stand and walkX**	Neurovascular status was altered due to confusion. Pallor was yellow, pain was 0 out of 10 on a numeric scale, pulses were tachycardia, paresthesia was denied, and paralysis was not noted. ROM was passive and needed minimal assistance. She uses a walker. Her strength was equal in both extremities bilaterally. She uses ADL assistance with a walker. Client has a fall risk of 60. Client requires assistance for bathing, transferring, toileting, and dressing. The client can independently feed herself. The client was in the chair the majority of the day.

NEUROLOGICAL (2 points): **MAEW: Y X N☐** **PERLA: Y X N☐** **Strength Equal: Y X N ☐ if no -** **Legs ☐ Arms ☐ Both X** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Client can move all her extremities equally bilaterally. Client exhibited PERLA. Strength is equal in upper extremities and lower extremities. Client is alert and oriented to person, place, and situation (x3), but seemed altered in other questions. Speech is normal and is audible. Nomumblin or slurred speech when speaking. Sensory is intact and their level of consciousness is alert.
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):**	Client's coping methods are watching TV and doing crossword puzzles. Client lives at the nursing home alone. Client's religion is Chritsian. She has two children. She has four grandchildren. Her daughter comes and visits her. Developmental level is appropriate for her age.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0805	**121**	**139/71 bpm**	**18 rpm**	**36.4 C**	**96%**
1015	**88**	**103/64 bpm**	**18 rpm**	**36.2 C**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0805	**Numeric**	**N/A**	**0**	**N/A**	**N/A**
1015	**Numeric**	**N/A**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:**	Client has a 20 gauge IV in the right antecubital fossa. IV was placed on 10/04/21.

Date on IV: **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	IV site is dry and intact. IV is patent. No phlebitis, infiltration, drainage present. No Saline Locked.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
Oral Intake- 550 mL **Client ate and drank all of her breakfast.**	**Void- 250 mL**

Nursing Care

Summary of Care (2 points)

Overview of care: Client care was associated with giving medication and making sure the client's needs were met. The client was still being monitored for observation.

Procedures/testing done: Client had an electroencephalography, CT of the brain/head, and an echocardiogram.

Complaints/Issues: The client complained that they didn't have wheaties for breakfast, but that was not an issue. Client had no other complaints or issues during the time that I was there.

Vital signs (stable/unstable): Vitals signs were stable upon both vital signs checks between 0805 - 1015.

Tolerating diet, activity, etc.: Toileting. The client's diet was heart healthy, although at home she eats what she wants. Activities.

Physician notifications: N/A

Future plans for patient: Future plans for the patient is to be discharged to her assisted living home. Upon discharge her future nursing education should be to be educated on her heart healthy diet.

Discharge Planning (2 points)

Discharge location: Mason Point Assisted Living

Home health needs (if applicable): The client lived in a nursing home, so she has care that comes in to see her at least once a day.

Equipment needs (if applicable): The client will need a walker for equipment needs.

Follow up plan: The client should follow up with her primary care provider once she has been discharged.

Education needs: The client should be educated on proper diet due to not complying with a heart healthy diet.

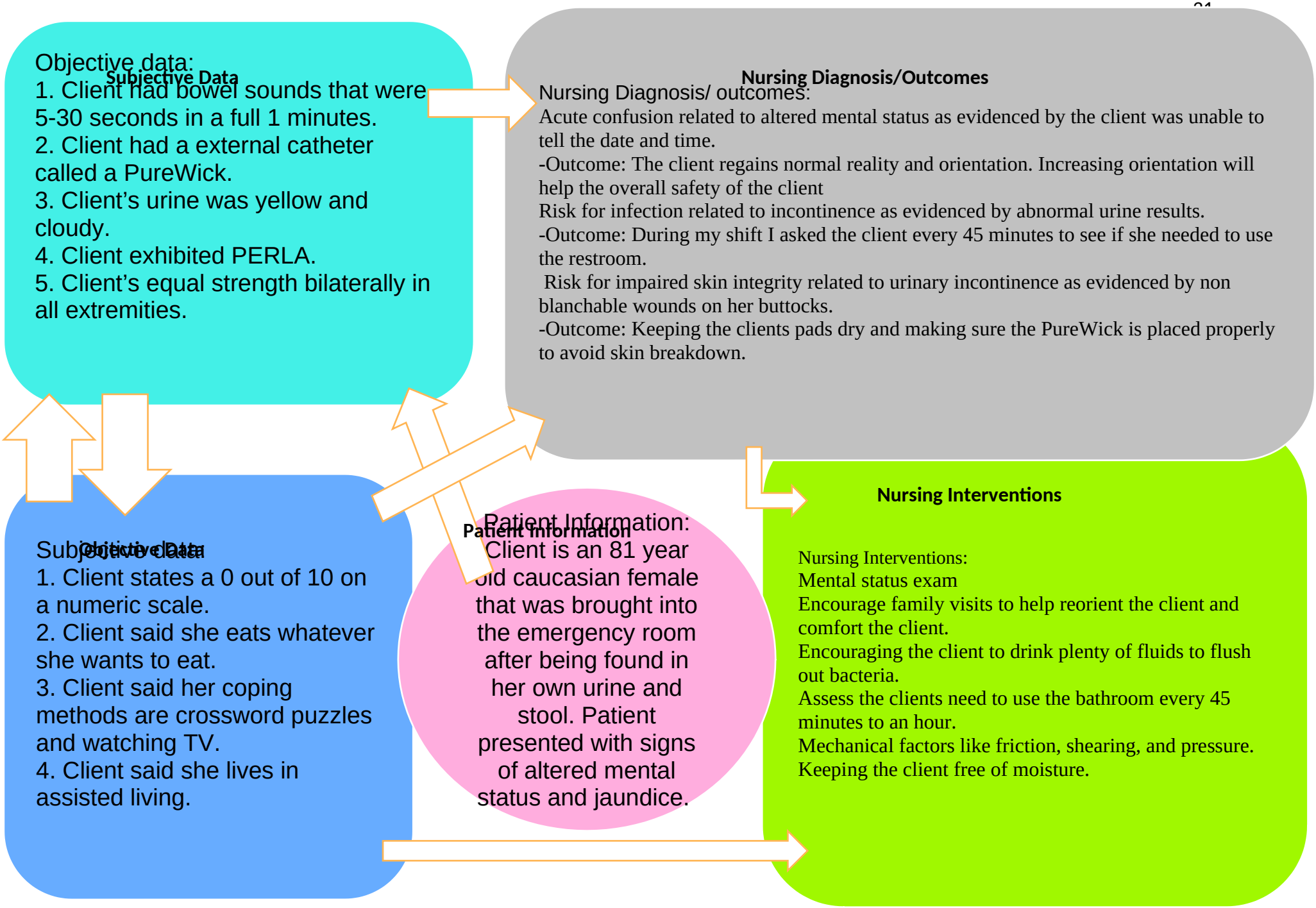
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Acute confusion related to altered mental status as evidenced by the client was unable to tell the date and time.	The client shows signs of confusion which could be due to the client's urinary tract infection.	**1.** Mental status exam **2.** Encourage family visits to help reorient the client and comfort the client.	**Goal not met:** The client regains normal reality and orientation. Increasing orientation will help the overall safety of the client. **Goal not met:** Client said that her daughter comes

			and visits but will not be there until later. By the daughter coming to visit, this can help with her acute confusion.
2. Risk for infection related to incontinence as evidenced by abnormal urine results.	The client is at risk for infection because she is incontinent and is susceptible to infection.	**1.** Encouraging the client to drink plenty of fluids to flush out bacteria. **2.** Assess the clients need to use the bathroom every 45 minutes to an hour.	**Goal not met:** Alleviate or reduce the problems related with the infection **Goal met:** During my shift I asked the client every 45 minutes to see if she needed to use the restroom.
3. Risk for impaired skin integrity related to urinary incontinence as evidenced by non blanchable wounds on her buttocks.	The client is at risk for further skin breakdown because she already has a pressure ulcer on her buttocks.	**1.** Mechanical factors like friction, shearing, and pressure. **2**. Keeping the client free of moisture.	**Goal met:** Turning the client every two hours without friction, shearing, and pressure on the client's body. **Goal met:** Keeping the clients pads dry and making sure the PureWick is placed properly to avoid skin breakdown.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Objective data:
1. Client had bowel sounds that were 5-30 seconds in a full 1 minutes.
2. Client had a external catheter called a PureWick.
3. Client's urine was yellow and cloudy.
4. Client exhibited PERLA.
5. Client's equal strength bilaterally in all extremities.
Nursing Diagnosis/Outcomes
Nursing Diagnosis/ outcomes:
Acute confusion related to altered mental status as evidenced by the client was unable to tell the date and time.
-Outcome: The client regains normal reality and orientation. Increasing orientation will help the overall safety of the client
Risk for infection related to incontinence as evidenced by abnormal urine results.
-Outcome: During my shift I asked the client every 45 minutes to see if she needed to use the restroom.
Risk for impaired skin integrity related to urinary incontinence as evidenced by non blanchable wounds on her buttocks.
-Outcome: Keeping the clients pads dry and making sure the PureWick is placed properly to avoid skin breakdown.
Subjective Data
Objective Data
1. Client states a 0 out of 10 on a numeric scale.
2. Client said she eats whatever she wants to eat.
3. Client said her coping methods are crossword puzzles and watching TV.
4. Client said she lives in assisted living.
Patient Information
Patient Information:
Client is an 81 year old caucasian female that was brought into the emergency room after being found in her own urine and stool. Patient presented with signs of altered mental status and jaundice.
Nursing Interventions
Nursing Interventions:
Mental status exam
Encourage family visits to help reorient the client and comfort the client.
Encouraging the client to drink plenty of fluids to flush out bacteria.
Assess the clients need to use the bathroom every 45 minutes to an hour.
Mechanical factors like friction, shearing, and pressure.
Keeping the client free of moisture.