N311 Care Plan 2

Lakeview College of Nursing

Ben Geisler

Demographics (5 points)

Date of Admission 8/9/2021	Patient Initials P.E.	Age 71	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Penicillin, Sulfa antibiotics, Tramadol, Tylenol with Codeine
Code Status Do Not Resuscitate	Height 5’ 3”	Weight 160.2 lbs.	

Medical History (5 Points)

Past Medical History: Depression, G tube feeding, smoking, Gastroesophageal Reflux Disease, liver cancer, liver cirrhosis, hiatal hernia, tracheostomy, hyperlipidemia, hypertension, hypothyroidism, impaired fasting glucose, iron deficiency, mixed incontinence, osteopenia, overactive bladder, portal vein thrombosis, pulmonary nodule, ruptured aneurysm of intracranial artery, IVC filter, systemic lupus erythematosus, thrombosis of left renal vein, aneurysm of right internal carotid artery, anxiety, chronic kidney disease, chronic obstructive pulmonary disease, colon polyp, coronary artery disease, SARS-CoV-2, degenerative joint disease

Past Surgical History: Degenerative joint disease, left total knee arthroplasty, right tibial fracture, Right total knew arthroplasty, Right heart catheterization (12/4/2019), colonoscopy with biopsy (8/9/2017), colonoscopy (6/5/08), cholecystectomy (4/7/03), tubal ligation (1976), cardiac catheterization, tonsillectomy

Family History: Myocardial infarction (FATHER), Hypertension (FATHER), Lung cancer (FATHER), Depression (BROTHER), Myocardial infarction (BROTHER), Colon cancer (MOTHER), Depression (MOTHER), Esophageal cancer (MOTHER)

Social History (tobacco/alcohol/drugs): Tobacco: Former smoker (1 pack per day from 15-66 years old, patient is ready to quit), Patient denies use of alcohol and recreational drugs

Admission Assessment

Chief Complaint (2 points): Patient presents to emergency department with altered mental

History of present Illness (10 points): This patient is a 71-year-old female with a history of ruptured intracranial aneurysm in June of 2021, status post external ventricular drain/coiling, with residual left hemiparesis, currently undergoing rehabilitation at Rebecca Odd-Fellow home who presents to the emergency department with altered mental status and unstable vital signs. Patient has history of prolonged hospital stay related to her intracranial aneurysm and previous tracheostomy that has been decannulated. She also receives tube feedings routinely and is working with physical therapy and speech therapy at the rehabilitation center. She had been in her normal state of health until the last couple days, but she was noted to be slightly more lethargic than normal. Normally she can speak at a whisper baseline but is usually alert and oriented times 4. The patient has been less communicative and started showing rigors in the facility and signs of hypertension as well. The patient's daughter, who is a health care worker, says she showed these signs with urinary tract infection in the past. The patient was sent to the emergency department for an evaluation, in the emergency department, she was lethargic and had evidence of a urinary tract infection in work up. She had a high white blood cell count; her lactic acid was within normal limits and vital signs were within normal limits as well other than the patient having a fever. The patient was admitted overnight to continue antibiotic treatment. Overnight, patient has continued her fever but her mental status is improving slightly. The nurse says the patient can open her eyes and follow commands; however, the patient is still not

speaking at her baseline. Patient can answer questions but cannot be understood due to her soft voice.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary Tract Infection, site not specified

Secondary Diagnosis (if applicable): N/A

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

Urinary tract infections are one of the most common bacterial infections (Walsh, 2017). Urinary tract infections can either be complicated or uncomplicated (Walsh, 2017). For complicated urinary tract infections, there are common predisposing factors such as the presence of a foreign body, including urinary catheter, or disruption of normal urinary flow which could be things like retention or an obstruction (Walsh, 2017). Specifically, my patient had a urinary tract infection with an unspecified site. This means that the bacterial infection in the urinary tract was not found to be in one specific spot in the urinary tract such as the ureters, bladder, etc. (Capriotti, 2020). Symptoms for a urinary tract infection could be a wide range of things burning with urination, cloudy urine, dark urine, a foul-smelling odor with urine, pain with urination, and frequency with urination (Walsh, 2017). In older individuals, confusion or altered mental status is very common symptom as well (Walsh, 2017). Anyone can get a urinary tract infection, however, the most common people to get them are women and older people (Walsh, 2017). Females get them frequently due to having a shorter urethra and due to the meatus (opening of the urethra) being in closer proximity to the anus than it is in males (Walsh, 2017). A urinary tract infection can be diagnosed with a urinalysis (Capriotti, 2020). More specifically, if a patient has a urinary tract

infection, their urine will contain leukoesterase (Capriotti, 2020). Additionally, the patient will have an elevated number of white blood cells in their urine because they are trying to fight the infection in the urinary tract. (Capriotti, 2020). My patient had a urinalysis since she was much more confused than her baseline. The urinalysis results showed that she had an elevated leukoesterase and an elevated number of white blood cells. My patient was treated in the hospital with antibiotics to kill the bacteria in the urinary tract.

Physiology References

Walsh, C., & Collyns, T. (2017, May 11). *The pathophysiology of urinary tract infections*. Surgery (Oxford). Retrieved October 19, 2021, from https://www.sciencedirect.com/science/article/pii/S0263931917300716.

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

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	**4.0-5.8x10^6/mcL**	**4.36**	**N/A**	**N/A**
Hgb	**12.0-15.8g/dL**	**13.4**	**N/A**	**N/A**
Hct	**36.0-47.0%**	**38.6**	**N/A**	**N/A**
Platelets	**140-440K/mcL**	**223**	**N/A**	**N/A**

WBC	**4.0-12.0K/ mcL**	**15.5**	**N/A**	**A high white blood cell count indicates that someone is trying to fight off an infection. My patient was trying to fight a urinary tract infection. (Capriotti, 2020)**
Neutrophils	**40-60%**	**87.1%**	**N/A**	**A high neutrophil count is associated with a bacterial infection such as a urinary tract infection. (Capriotti, 2020)**
Lymphocytes	**19-49%**	**7.4%**	**N/A**	**Low lymphocytes can indicate an infection somewhere in the body. My patient had an infection in the urinary tract. (Capriotti, 2020)**
Monocytes	**3.0-13.0%**	**4.3%**	**N/A**	**N/A**
Eosinophils	**0.0-8.0%**	**1%**	**N/A**	**N/A**
Bands	**0.0-10.0%**	**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-	**134-144mmol/L**	**140**	**N/A**	**N/A**
K+	**3.5-5.1mmol/L**	**3.9**	**N/A**	**N/A**
Cl-	**98-107mmol/L**	**102**	**N/A**	**N/A**
CO2	**21-31mmol/L**	**27**	**N/A**	**N/A**
Glucose	**70-99mg/dL**	**111**	**N/A**	**The normal limits of glucose range are after fasting for 8 or more hours, so the patient probably had eaten relatively recently before this blood glucose had been taken. (Capriotti, 2020)**
BUN	**7-25 mg/dL**	**24**	**N/A**	**N/A**
Creatinine	**0.50-1.20mg/dL**	**.65**	**N/A**	**N/A**

Albumin	**3.5-5.7 g/dL**	**3.6**	**N/A**	**N/A**
Calcium	**8.6-10.3 mg/dL**	**10.8**	**N/A**	**An elevated calcium can be caused by an overactive parathyroid hormone which can be associated with kidneys working poorly. (Capriotti, 2020)**
Mag	**1.6-2.6 mg/ dL**	**N/A**	**N/A**	**N/A**
Phosphate	**2.4-4.5 units/L**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3-1.0 mg/ dL**	**.7**	**N/A**	**N/A**
Alk Phos	**20-140 units/L**	**105**	**N/A**	**N/A**

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	**yellow, clear**	**Yellow, cloudy**	**N/A**	**Cloudy urine is usually the result of a urinary tract infection which my patient had. (Capriotti, 2020)**
pH	**5.0-9.0**	**7.5**	**N/A**	**N/A**
Specific Gravity	**1.001-1.030**	**1.011**	**N/A**	**N/A**
Glucose	**Negative**	**negative**	**N/A**	**N/A**
Protein	**Negative or Trace**	**4+**	**N/A**	**Urinary tract infections are commonly associated with a high amount of protein in urine (Capriotti, 2020)**
Ketones	**Negative**	**4+**	**N/A**	**Ketones can be associated with the body burning fat for energy and not burning glucose for energy. (Capriotti, 2020)**
WBC	**0.0-0.5**	**>100**	**N/A**	**A high number of leukocytes is cause by white blood cells trying to fight off the bacterial infection such as a urinary tract infection. (Capriotti, 2020)**
RBC	**0.0-3.0**	**2**	**N/A**	**N/A**

Leukoesterase	**Negative**	**4+**	**N/A**	**Elevation in Leukoesteraseis is caused by a urinary tract infection which my patient had. (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**	**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 (APA):

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

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

VBG: My patient had a VBG due to her low SpO2 while in the emergency department (Capriotti, 2020)

pH Ven	**7.39**	**Base excess ven**	**3.5**
pCO2 ven	**47.4**	**O2 sat venous**	**52.1%**
PO2 ven	**29**	**Oxy hgb**	**50.8%**

HCO3 ven	**25.9**	**Carbon Monoxide**	**1.8%**
Methemoglobin ven	**.7%**		

Xray Chest 1 view: My patient had a chest Xray due to her extensive medical history (Capriotti, 2020)

- **No significant change from prior chest Xray**

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/ Generic	Heparin/ HEPALEAN	Lansoprazole/	Levetiracetam/KEPPRA	Levothyroxine/	polyethylene glycol 3350/

		PREVACID		ELTROXIN	MIRALAX
Dose	**5000 units (1 mL)**	**30 mg (10 mL)**	**750 mg (7.5 mL)**	**50 mcg**	**17 g**
Frequency	**BID**	**Daily**	**Daily**	**Daily**	**Every 12 hours as needed**
Route	**Subq**	**PEG tube**	**PEG tube**	**Oral**	**PEG tube**
Classification	**Anticoagulant (Jones, 2021)**	**Antiulcer (Jones, 2021)**	**Anticonvulsant (Jones, 2021)**	**Thyroid hormone replacement (Jones, 2021)**	**Osmotic Laxative (Jones, 2021)**
Mechanism of Action	**Binds with antithrombin III, enhancing antithrombin III's inactivation of the coagulation enzymes thrombin (factor 2a) and factors Xa and XIa. (Jones, 2021)**	**Binds to and inactivates the hydrogen-potassium adenosine triphosphate enzyme system (also called the proton pump) and gastric parietal cells. This action blocks the final step of gastric acid production. (Jones, 2021)**	**May protect against secondary generalized seizure activity by preventing coordination of epileptiform burst firing. (Jones, 2021)**	**Replaces endogenous thyroid hormone, which may exert its physiological effects by controlling DNA transcription and protein synthesis. (Jones,2021)**	**Osmotic laxatives contain substances that are poorly absorbable and draw water into the lumen of the bowel. Polyethylene glycol functions is an osmotic laxative that causes increased water retention in the lumen of the colon by binding to water molecules, thereby producing loose stools. (Jones, 2021)**
Reason Client Taking	**To reduce the risk of blood clots**	**Stomach acid reduction**	**Prevention of seizure-like activity**	**Hypothyroidism**	**Constipation**
Contraindications (2)	**02** **Breastfeedin**	**Hypersensitivity to lansoprazole**	**Hypersensitivity to Levetiraceta**	**Hypersensitivity to levothyroxin**	**Severe ulcerative colitis, toxic**

	g, infants (Jones, 21)	**, therapy with rilpivirine-containing products (Jones, 2021)**	**m (Jones, 2021)**	**e; uncorrected adrenal insufficiency (Jones, 2021)**	**megacolon (Jones, 2021)**
Side Effects/ Adverse Reactions (2)	**Thrombosis, hematemesis (Jones, 2021)**	**Cerebrovascular accident, throat tightness (Jones, 2021)**	**Seizures, suicidal ideation (Jones, 2021)**	**Seizures, arrhythmias (Jones, 2021)**	**Bloating, diarrhea (Jones, 2021)**

Medications Reference (APA):

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

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**The patient was alert and oriented x2. The patient showed no signs of distress. The patient's overall appearance was clean, neat, and well groomed.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:**	**The patient's skin was appropriate for her ethnicity, warm, dry, and intact. The skin turgor was loose and there were no rashes present. The patient had generalized bruising on the abdomen from heparin injections. The patient's Braden score was 14 and they had no drains present.**

Drains present: Y☐ N ☒ **Type:**	
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**The patient's head appeared normocephalic and the neck appeared symmetrical with a midline trachea. The ears had no visible drainage and were not tender to touch. The patient did not have difficulty hearing or seeing. The patient's eyes exhibited PERLA and displayed good movement ability fields of gaze were tested. Eyes appeared to by symmetrical with no drainage present, conjunctive was pink and not inflamed. Patient's nose was midline and straight. Patient has good oral hygiene, tongue appeared pink and midline with no sores. Buccal mucosa was pink and moist. The patient's speech volume was very quiet and hard to understand.**
CARDIOVASCULAR: **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: N/A**	**S1 and S2 were heard. S3 and S4 not heard. When auscultated, the patient appeared to be in normal sinus rhythm. Bilaterally, the patient's pedal and posterior tibial pulses were not palpable, and both popliteal pulses were weak but palpable. The capillary refill was intact and less than 3 seconds. No neck vein distention was noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	**There was no accessory muscle use noted when assessing the breathing. When auscultating both anterior and posterior the breath sounds were bilateral and clear.**
GASTROINTESTINAL: **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 ☒**	**The patient has a pureed and thickened consistency regular diet at the long-term care facility and at home. The patient is standing at 63 inches tall and weighs 160.2 lbs. The patient's bowel sounds were active in all 4 quadrants and the last bowel movement was in the morning of 10/12 (assessment on 10/12) and was regular for the patient. The patient felt no pain or tenderness upon palpation. The abdomen was not distended, and the patient had incision from her PEG tube. There were no scars or drains present. The patient had bruising on her abdomen from subcutaneous injections. The patient did not have an ostomy or nasogastric tube but did have a PEG tube.**

Nasogastric: Y ☐ N ☒ **Size:** **Feeding tubes/PEG tube Y ☒ N ☐** **Type: PEG tube**	
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The patient's urine was not observed therefore color, character, and quantity were not noted. The patient reported no pain with urination and is not doing dialysis. The patient's genitals were not inspected at this time and the patient does not have an indwelling catheter.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 55** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**The patient's neurovascular status was intact and the passive and active range of motion were intact. The patient used a wheelchair as a supportive device. The patient's upper extremities were bilaterally strong, but the lower extremities showed biliteral weakness. The patient does need assistance with her activities of daily living and the patient is a fall risk with a fall score of 55. The patient cannot move independently, and she does need assistance with equipment and needs support when standing and walking.**
NEUROLOGICAL: **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☒ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**The patient does not move all extremities well as she has bilateral weakness in the lower extremities. The patient's pupils are equal, round, reactive to light and accommodate. The patient is alert and oriented times 2. Her speech is clear but very soft and quiet but still clear. The patient wears glasses.**
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):**	**The patient uses the television as a coping mechanism. Her developmental level is appropriate for her age. The patient is a Christian and she is married. The patient graduated from high school.**

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0730	**67**	**119/61**	**18**	**96.5°F**	**91%**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	**0**	**N/A**	**N/A**	**N/A**	**N/A**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75 mL/Hour through PEG tube Gevity PEG tube feeding (1.2. cals)	**N/A**

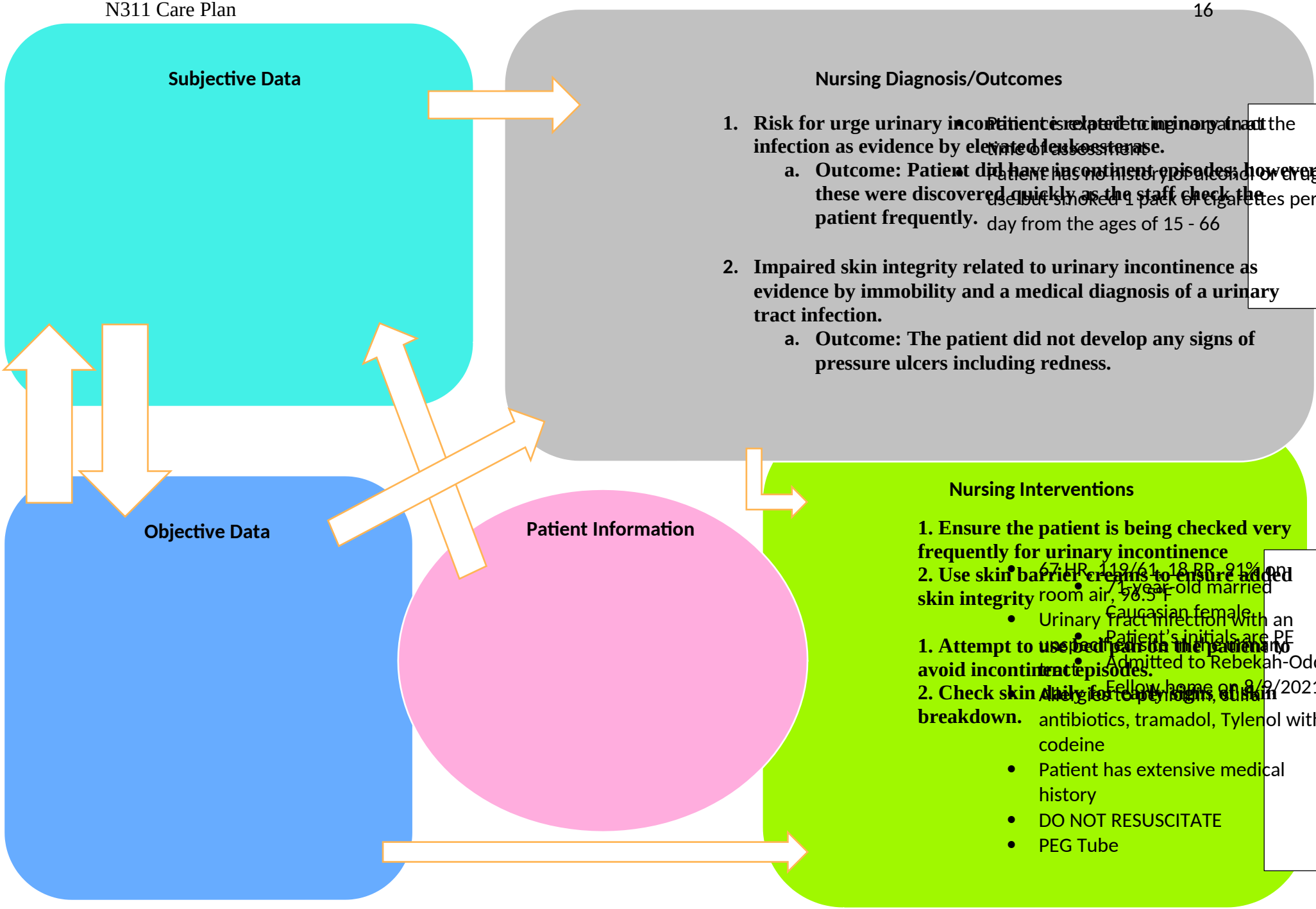
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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. Risk for urge urinary incontinence related to urinary tract infection as evidence by	**This diagnosis was chosen because the patient is also sedentary, and the combination of incontinence and a sedentary lifestyle**	**1. Ensure the patient is being checked very frequently for urinary incontinence 2. Use skin barrier**	**These modifications worked as the patient did not develop any redness or open wounds on the sacral area.**

elevated leukoesterase.	**causes a great risk for a pressure ulcer.**	**creams to ensure added skin integrity**	
2. Impaired skin integrity related to urinary incontinence as evidence by immobility and a medical diagnosis of a urinary tract infection.	**This diagnosis was chosen due to the patient having a urinary tract infection and the patient not being mobile enough to urinate in a toilet.**	**1. Attempt to use bed pan on the patient to avoid incontinent episodes. 2. Check skin daily for early signs of skin breakdown.**	**The patient showed no signs of skin break down at this time.**

Overall APA format (5 points):

Concept Map (20 Points):


Subjective Data
Nursing Diagnosis/Outcomes
1. Risk for urge urinary incontinence related to urinary tract infection as evidence by elevated leukoesterase.
a. Outcome: Patient did have incontinent episodes; however, these were discovered quickly as the staff check the patient frequently.
2. Impaired skin integrity related to urinary incontinence as evidence by immobility and a medical diagnosis of a urinary tract infection.
a. Outcome: The patient did not develop any signs of pressure ulcers including redness.
Patient is expected to ingest at the time of assessment
Patient has no history of alcohol or drug use but smoked 1 pack of cigarettes per day from the ages of 15 - 66
Objective Data
Patient Information
Nursing Interventions
1. Ensure the patient is being checked very frequently for urinary incontinence
2. Use skin barrier creams to ensure added skin integrity
1. Attempt to use bed pan on the patient to avoid incontinent episodes.
2. Check skin daily for any signs of skin breakdown.
67 HR, 119/61, 18 RR, 91% on room air, 98.5 F
Urinary tract infection with an unspecified organism
Allergies to penicillin, sulfa antibiotics, tramadol, Tylenol with codeine
Patient has extensive medical history
DO NOT RESUSCITATE
PEG Tube
71-year-old married Caucasian female
Patient's initials are PF
Admitted to Rebekah-Odd
Fellow home on 8/9/2021