

N311 Care Plan #2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/11/2021	Patient Initials S. G. H.	Age 68 years	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Single	Allergies Hydrocodone-itchiness Zoloft-itchiness
Code Status Full code	Height 154.9cm	Weight 82.3kg	

Medical History (5 Points)

Past Medical History: Shingles (Age 65), Scarlett fever (childhood), asthma, arthritis, depression, heart murmur

Past Surgical History: Cholecystectomy (Date unknown), Lumpectomy (Date unknown), Nasal polypectomy (Date unknown), Hip replacement surgery (7/23/2012), Hip Replacement surgery (7/08/2013), Esophagogastroduodenoscopy Biopsy x2 (7/03/2019) (9/09/2021), Colonoscopy Polypectomy (2/11/2021), Hernia Repair Laparoscopic Hiatal (10/11/2021)

Family History: Mother-hypertension, Father-COPD, CAD, Melanoma, Stroke, Grandfather(P)-stroke, dementia, Grandmother(M)-stomach cancer, Grandfather(M)-stroke

Social History (tobacco/alcohol/drugs): Patient states she does not use drugs or alcohol and has never been a smoker. She lives alone in a single-story home with her cocker spaniel. She states

she has a great support system. She states she is very close to her sisters and nephews. She is Methodist and attends church regularly.

Admission Assessment

Chief Complaint (2 points): Patients states, “I am having pain and discomfort in my stomach and throat. I feel like I’m hungry or have a gurgling stomach.”

History of present Illness (10 points): In 2019, the patient began dealing with severe acid reflux issues. The patient was constantly feeling bloated, a burning sensation in her throat, and discomfort and pain in her esophagus. She was diagnosed with a hiatal hernia. In 2020, the patient’s doctor suggested she try medication to help with GERD. Patient went back to the doctor in 2021 after dealing with a constant gurgling stomach and discomfort. The doctor ordered an upper GI test and discovered a paraoesophageal hernia that would require surgical repairing.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Hernia Repair Laparoscopic Hiatal

Secondary Diagnosis (if applicable): Paraoesophageal Hernia

Pathophysiology of the Disease, APA format (20 points): The esophageal hiatus is the opening in the diaphragm that allows the esophagus and vagus nerve to connect with the stomach. A hiatal hernia occurs when part of the stomach pushes up through this opening in the

diaphragm and protrudes into the thoracic cavity. The esophageal hiatus opening weakens and widens with age, which makes increasing age a risk for developing a hiatal hernia (Capriotti, 2020). While a small hiatal hernia typically is asymptomatic and does not cause major issues, large hiatal hernias can allow food and stomach acid to flow back up the esophagus, causing various signs and symptoms. Heartburn, belching, difficulty swallowing, shortness of breath, chest and abdominal pain, and acid reflux are the main symptoms that could occur (Mayo Clinic, 2021). A paraoesophageal hernia is the protrusion of only the fundus into the thoracic cavity, so therefore the gastroesophageal junction stays below the diaphragm. Paraoesophageal hernias are less common and cause greater risk for complications like gastritis and ulcer formation (Capriotti, 2021). Some of the greatest risk factors for a hiatal hernia would be pregnancy, obesity, and age greater than 50 (Mayo Clinic, 2021). An upper GI x-ray or an endoscopy can be performed to diagnose a hiatal hernia. The main goal of treatment is to reduce the flow of stomach acid into the esophagus and prevent reflux. Lifestyle changes that could reduce these symptoms would be weight loss, smoking cessation, small meals, and sleeping in a semi-fowlers or fowlers position (Capriotti, 2020). Medications that could help with the GERD associated symptoms would be histamine-2 blockers and PPIs. The last resort to treat this would be a hernia repair surgery called a laparoscopic fundoplication if other treatments do not suffice (Capriotti, 2020).

References:

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and*

Clinical Perspectives (2nd Edition). F. A. Davis

Company. <https://fadavisreader.vitalsource.com/books/9781719641470>

Mayo Foundation for Medical Education and Research. (2021, February 23). *Hiatal hernia*. Mayo Clinic. Retrieved October 14, 2021, from <https://www.mayoclinic.org/diseases-conditions/hiatal-hernia/symptoms-causes/syc-20373379>.

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 /mL		4.15	
Hgb	12.0-15.8g/dL		13.0	
Hct	36.0-47.0%		39.7	
Platelets	140-440K/mL		226	
WBC	4.0-12.0K/mL		7.2	
Neutrophils	40-60%		56.2	
Lymphocytes	19-49%		21.4	
Monocytes	3.0-13.0%		8.6	
Eosinophils	0.0-8.0%		2.9	
Bands	0.0-10.0%		N/A	

***My patient did not have recent bloodwork lab values from her current hospital stay, so I have provided her most recent blood work from June of 2021.**

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
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Na-	134-144mmol/L		141	
K+	3.5-5.1mmol/L		4.4	
Cl-	98-107mmol/L		106	
CO2	21-31mmol/L		24	
Glucose	70-99mg/dL		88	
BUN	7-25 mg/dL		19	
Creatinine	0.50-1.20mg/dL		1.04	
Albumin	3.5-5.7 g/dL		4.1	
Calcium	8.6-10.3 mg/dL		9.1	
Mag	1.6-2.6 mg/dL		N/A	
Phosphate	2.4-4.5 units/L		N/A	
Bilirubin	0.3-1.0 mg/dL		0.3	
Alk Phos	34-104 units/L		79	

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	Colorless/clear	N/A	
pH	5.0-9.0	7.5		
Specific Gravity	1.003-1.013	1.005		
Glucose	Negative	Negative		
Protein	Negative	Negative		

Ketones	Negative	Negative		
WBC	0.0-0.5	N/A		
RBC	0.0-3.0	N/A		
Leukoesterase	Negative	Negative		

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		
Blood Culture	Negative	N/A		
Sputum Culture	Negative	N/A		
Stool Culture	Negative	N/A		

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Colonoscopy (2/2021) was performed to detect any abnormal gastrointestinal signs and symptoms; the findings came back normal

EGD (7/2021) was performed to test for GERD or swallowing problems, GERD was detected

Sleep study (9/2021) was done to rule out sleep apnea and sleep study came back normal

RF Upper GI Double Contrast (9/2021) to look for any possible hiatal hernia, paraoesophageal hernia was detected

Ultrasound of thyroid gland (6/2018) to make sure thyroid gland was functioning normally, normal findings were detected

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

Brand/Generic	Budesonide	Ondansetron	Montelukast	Pantoprazole	Morphine
Dose	0.5mg/2mL	4mg/2mL	10mg=1 tab	40mg	2mg=1mL
Frequency	NEB	Q6H	QPM	QD	PRN, Q2H
Route	Inhalation	IV push	PO	PO	IV Push
Classification	Corticosteroids (Jones, 2021)	Selective serotonin receptor antagonist (Jones, 2021)	Leukotriene receptor antagonist (Jones, 2021)	Proton pump inhibitor (Jones, 2021)	Opioid (Jones, 2021)
Mechanism of Action	“It binds and activates glucocorticoid receptors (GR) in the effector cell (e.g., bronchial) cytoplasm that allows the translocation of	“Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve	“Antagonizes receptors for cysteinyl leukotrienes produced by arachidonic acid metabolism and released from eosinophils,	Inhibits the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump, in gastric	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria (Jones, 2021)

	this budesonide-GR complex in the bronchi nucleus, which binds to both HDCA2 and CBP” (Kalola, 2021)	terminals in the intestine” (Jones, 2021)	mast cells and other cells. They bind to receptors in bronchial airways and increase industrial membrane permeability” (Jones, 2021)	parietal cells (Jones, 2021)	
Reason Client Taking	Patient uses this for asthma treatment	To prevent nausea	To prevent exercise-induced bronchoconstriction	To relieve GERD symptoms	To manage severe pain
Contraindications (2)	History of hypersensitivity to budesonide or any of the ingredients of the budesonide formulation, severe milk protein allergy (Kalola, 2021)	Concomitant use of apomorphine, hypersensitivity to ondansetron or its components (Jones, 2021)	Hypersensitivity to montelukast or its components (Jones, 2021)	Concurrent therapy with rilpivirine-containing products, hypersensitivity to pantoprazole or its components (Jones, 2021)	Acute or severe bronchial asthma, gastrointestinal obstruction, hypersensitivity to morphine or its components (Jones, 2021)
Side Effects/Adverse Reactions (2)	Headache, dizziness, gas, vomiting, fatigue, pain (Jones, 2021)	Agitation, syncope, arrhythmias, hypotension, thirst, weakness, dizziness (Jones, 2021)	Dizziness, paresthesia, irritability, headache, insomnia, drowsiness (Jones, 2021)	Anxiety, confusion, depression, headache, fatigue, insomnia, vertigo (Jones, 2021)	Agitation, anxiety, coma, chills, seizures, malaise, edema, lethargy, restlessness (Jones, 2021)

Medications (5 required)**Medications Reference (APA):**

Kalola, U. K. (2021, June 20). *Budesonide*. National Center for Biotechnology Information. Retrieved October 14, 2021, from <https://pubmed.ncbi.nlm.nih.gov/33085348/>.

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

Assessment

Physical Exam (18 points)

<p>GENERAL: Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient was alert and oriented to person, place, time, and situation. (x4) Patient appeared in no distress. Patient was relaxed and accepting of her situation during assessment. Overall appearance was clean, neat, and put together. Patient is well cared for.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 20 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Patient’s skin was warm, dry, and intact. Skin turgor was less than 3 seconds. Patient had no rashes, bruises, or wounds. Patient had no drains. Braden Score: 20 which represents low risk of pressure injury.</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Patient’s head appears normocephalic. Neck was symmetrical with trachea at midline. Ears had no visible drainage, and no redness. Patient claims no hearing loss or pain in the ears. Eyes exhibited PERRLA and had strong extra ocular movements when tested, pupils were observed to be 3 mm. Eyes appeared to be symmetrical with no drainage present, conjunctive was pink and not inflamed. Patient wears glasses and states she is farsighted. Patient’s nose was symmetrical, and no deviated septum was observed. Patient has good oral hygiene, tongue appeared pink, and mouth presented no sores. No dental carries were present. Buccal mucosa was pink and moist.</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 checked="" type="checkbox"/></p>	<p>.S1 and S2 heard. S3 and S4 not heard. Murmur was detected during auscultation. Pulses were easily palpated at carotid, radial, and brachial pulse sites bilaterally. No jugular vein distention was noted. Capillary refill was less than 3 seconds. Patient had edema in both legs and ankles due to being post-surgery.</p>

Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema:	
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	<p>No abnormal lung sounds were heard upon auscultation. Respiratory rate was documented at 24 breaths per minute while client was seated in her chair. Patient has no chest deformities. Respirations were observed to be even, calm, and tachycardia. No accessory muscles were used. Patient denies mucus and coughing.</p>
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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	<p>Patient states she eats a regular, non-restricted diet while at home. Patient was on a clear liquid diet post-surgery. Her diet once discharged will be a full liquid diet for the first week after surgery. Patient was ready to have a small meal during shift.</p> <p>Patient's height is 154.9cm. Patient's weight is 82.3 kg. Normal bowel sounds were auscultated in all four quadrants. Patient's last bowel movement was the morning of 10/11/2021. Patient states that bowel movement was diarrhea and believed it was due to nervousness before surgery. Abdomen was soft and not tender to palpation. The patient did not have an ostomy, drain, nasogastric tube, feeding tube or PEG tube. Patient had five incisions in the upper body. Incisions were clear of drainage, redness, and edema.</p>
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	<p>Patient had a urinary output of 300ml during this shift. Patient states there was no pain, urgency, or frequency upon urination. Urine was colorless, clear, and presented no foul odor. No dialysis or catheters in place upon assessment. Inspection of genitals was not completed.</p>
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<p>Patient has a fall risk score of 22. She is a one person assist with gait belt. Patient ambulated well with assistance. Upper extremity strength is 5/5 on right side and 5/5 on left side. Lower extremity strength is 4/5 on right side and 4/5 on left side. Patient exhibited equal strength in both</p>

<p>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Fall Score: 22</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	<p>arms and both legs. Patient exhibited full ROM in both arms and legs. Patient was able to display opposition with all fingers and thumbs. Patient will be able to ambulate and perform ADLs independently once discharged.</p>
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no -</p> <p>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	<p>Patient is alert and oriented x4. Patient is calm and content with the treatment she has received. Patient is confident her surgery will provide her with relief and comfort. Eyes exhibit PERLA signs. Patient’s speech is well articulated and clear. Patient exhibits no signs of confusion or delay. Patient moves all extremities well and displays no signs of paralysis or weakness. Patient senses touch in both arms and legs.</p>
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p> <p>Religion & what it means to pt.:</p> <p>Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Patient said she prefers to cope by going on a walk with her friend, taking her dog outside to play, or sitting in her garden. Patient states she is Methodist and attends church weekly. She states that praying is important for her mental health. Patient has a strong support system and will be taken care of by her best friend and her sisters. She lives alone with her dog in a single-story home.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:20am	56bpm (RA)	124/74mmh g (RA)	26/min	36.8 C	94% RA

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:25am	3/10	Shoulder	N/A	Constant, stabbing sharp pain	Morphine

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Ate 100% of clear liquid diet breakfast LR drip, 1,000 mL	300mL of urine during shift

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis <ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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.
<p>1. Risk for infection related to hernia repair surgery AEB five surgical incisions</p>	<p>This diagnosis was chosen because the patient has five surgical incisions which increases the risk of infection.</p>	<p>1. Encourage intake of high protein diet and nutritional foods to support the immune system.</p> <p>2. Perform measures like hand hygiene to break the chain of infection and prevent infection in the surgical sites.</p>	<p>Goal met. Client responded well to the diet modifications. She stated that she will increase her protein intake as well as include more vegetables in her diet to support her immune system. Clients’ sister was supportive of this nursing intervention.</p> <p>Goal met. Proper hand hygiene was performed while assessing this patient and coming into close contact with her surgical incisions.</p>
<p>2. Pain and discomfort related to hiatal hernia AEB “I feel stomach pain</p>	<p>This diagnosis was chosen because the patient is experiencing the side effects of her hiatal hernia.</p>	<p>1. Provide nonpharmacologic pain management options such as taking a walk or using hot/cold</p>	<p>Goal met. Patient was willing to go for a walk around the unit to help boost her mood and help her forget about the pain. Patient states she</p>

and bloating almost every day.”		applications. 2. Provide pharmacologic pain management as ordered by the patient’s doctor.	would be open to trying hot/cold applications as needed to help alleviate pain. Goal met. Patient stated she was ready to switch from opioids to NSAIDS as she transitions out of the hospital to back home.
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Overall APA format (5 points):

Concept Map (20 Points):

Subjective Data

Patient states: "I feel stomach pain and bloating almost every day."
Patient states: "I am having 3/10 pain in my shoulder where one of my incisions is."
Patient states: "My stomach feels bubbly like I'm always hungry."

Nursing Diagnosis/Outcomes

At risk for infection related to hernia repair surgery AEB five surgical incisions
Outcome: Patient will maintain proper hand hygiene when handling or changing out surgical incision bandages. Patient will prevent and stop the chain of infection.
Pain and discomfort related to hiatal hernia AEB "I feel stomach pain and bloating almost every day."
Outcome: Patient's surgical incisions will heal and provide the client with comfort. Patient will take NSAIDS as prescribed and as needed to help relieve any pain post-surgery.

Objective Data

RF Upper GI Double Contrast test showed paraoesophageal hernia
P: 56bpm (RA)
BP: 124/74mmhg (RA)
RR: 26/min
T: 36.8 C
O2: 94% RA

Patient Information

Patient is a 68-year-old female with a history of asthma, arthritis, and a paraoesophageal hernia. Patient was admitted on 10/11/2021 for a hiatal hernia repair surgery.

Nursing Interventions

1. Encourage intake of high protein diet and nutritional foods to support the immune system.
 2. Perform measures like hand hygiene to break the chain of infection and prevent infection in the surgical sites.
1. Provide nonpharmacologic pain management options such as taking a walk or using hot/cold applications.
 2. Provide pharmacologic pain management as ordered by the patient's doctor.



