

N311 Care Plan #

Lakeview College of Nursing

Name Berich Mpoy

Demographics (5 points)

Date of Admission 8/9/21 odd fellow	Patient Initials P. E	Age 1950 (71 years)	Gender Female
Race/Ethnicity Caucasian	Occupation Retired	Marital Status Married	Allergies Penicillin (swelling), sulfur drugs (rash), Tramadol (Vomiting), Tylenol with codeine (nausea and vomiting)
Code Status DNR	Height 63.0inches	Weight 72.7 Kg (160.2 pounds)	

Medical History (5 Points)

Past Medical History: aneurysm right internal carotid, chronic kidney disease, hepatic cancer, hetal hernia, colon polyp, osteopenia, hyperlipidemia, chronic obstructive pulmonary disease, impaired fasting glucose, iron deficiency, mixed incontinence, osteopenia, over reactive bladder, portal vein thrombosis, pulmonary nodule, (computed tomography 9/2019 stable, no further imaging necessary), ruptured aneurysm of intracranial artery, superior vena cava and inferior vena cava filter, systemic lupus erythematosus, thrombosis of left renal vein, hypothyroidism, hypertension, hyperlipidemia, history of tracheostomy, hiatal hernia, hepatic cirrhosis, haptic cancer, Gerd, former smoker, feeding by G tube, depression, degenerative joint disease of the right knee, status post total arthroplasty (5/11/2021).

**Past Surgical History: arthroplasty knee total makoplasty (05/11/2021).
arthroplasty knee total makoplasty (11/10/2021).**

Right heart catheterization (12/04/2019).

Colonoscopy with biopsy (08/09/2017).

Colonoscopy (06/05/2008).

Cholecystectomy (04/07/2003).

Tubal ligation (1976)

Cardia catheterization

Tonsillectomy

Family History: father - Heart attack, hypertension, Social: former smoker, type cigarettes 1 pack per day, lung cancer. Mother: colon cancer, 1 pack per day cigarettes, started age 15 years stopped, depression, esophageal cancer. Brother: at age 66 years previous treatment none, depression, heart attack, other.

Ready to change yes (06/13/2018)

Social History (tobacco/alcohol/drugs): patient denies alcohol use (05/09/2017). Exercise:

Duration (average number of minutes):0.

Self-assessment: fair condition. Minutes per day: 0 (05/09/2017)

Admission Assessment

Chief Complaint (2 points):

History of present Illness (10 points): The client is a 71-year-old female has had a history of ruptured intracranial aneurysm on June 2021 had post status of endovascular coiling, with residual left hemiparesis and is currently undergoing rehabilitation at odd fellow Rebekah home, presented to the emergency department with altered mental status and unstable vital signs. Due to the patient's intracranial aneurysm and previous tracheostomy that has been decannulated she has a history of prolonged stay. She is working with physical therapist and speech pathologist at the rehab center and has been receiving tube feedings daily. Until the last couple days she has been in great health but has since

been diagnosed to slightly lethargic than usual. She can speak at a whisper and is orientated times four she has been less communicative and started showing signs of rigors with elevated blood pressure while in the nursing faculty. The patient's daughter is a health care worker she stated she had similar symptoms with urinary tract infection in the past and was sent out to the emergency room for further evaluations. In the emergency room, she was diagnosed to be lethargic and had evidence of urinary tract infection work up with elevated white blood count. Her lactic acid level was negative and vital signs stable. She has since been admitted for continued treatment. During overnight she has had continued fever, but her mental status seems to be improving slightly. Nurse reported she can open her eyes and follow commands but is unable to speak at her baseline yet. Patient can answer simple questions for me but because of her very soft voice I am unable to hear what she says.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Urinary tract infection, site not specified.

Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points): Urinary tract infection is a symptomatic bacterial infection in the urinary tract. Urinary tract infection consists of both upper and lower tract infection. "female anatomy predisposes to urinary tract infection because of the close proximity of the rectal mucosa and urethra. the bowel is a natural habitat for the E coli and urethral invasion into the bladder is common"(Capriotti,2020).patients

with urinary tract infection can easily be identified by the increase in white blood cell count and yellow cloudy urine with foul odor after urination.

Patients with indwelling catheter at a higher risk for urinary tract infection

Because the catheter has a route for the perineal bacteria to enter the bladder.

There are many other risk factors for urinary tract infection, some common risk factors for urinary tract infections are voiding dysfunction, frequent or recent sexual intercourse, female sex, pregnancy, familiar tendency, susceptible uroepithelial cells, vaginal mucus properties and spermicides.

Urinary tract infection causes this dysuria which is the acute inflammation of the bladder and results in discomfort and contraction during voiding.

Symptoms associated with urinary tract infections are dysuria, frequency and urgency, hematuria, suprapubic tenderness, chills and sweat and flank pain.

Urinary tract infection can be treated with different antibiotics some examples of these are trimethoprim-sulfamethoxazole, fluoroquinolones, and Nitrofurantoin (Lees, 2021).

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	4.0-5.8×10 ⁶ /mL	4360000/mcl	N/A	N/A
Hgb	12.0-15.8g/dL	13.4 g/dL	N/A	N/A
Hct	36.0-47.0%	38.6%	N/A	N/A
Platelets	140-440K/mL	223 k/mcl	N/A	N/A
WBC	4.0-12.0K/mL	15.5 k/mcl	N/A	Urinary tract infection is the cause of increased white blood cells (MedlinePlus, 2021).
Neutrophils	40-60%	87.1%	N/A	Neutrophils fall under the category of white blood cells and the increase of neutrophils is explained by the urinary tract infection (MedlinePlus, 2021).
Lymphocytes	19-49%	7.4%	N/A	The decreased in lymphocytes can be explained by
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 mmol	N/A	N/A
K+	3.5-5.1mmol/L	3.9 mmol	N/A	N/A
Cl-	98-107mmol/L	102 mmol/ L	N/A	N/A
CO2	21-31mmol/ L	27 mmol/L	N/A	N/A
Glucose	70-99mg/	111 mg/dL	N/A	Diabetes makes your blood sugar

	dL			higher than normal. After many years, too much sugar in the blood can cause problems in your body. (MedlinePlus, 2021)
BUN	7-25 mg/dL	24 mg/dL	N/A	N/A
Creatinine	0.50-1.20mg/dL	0.65 mg/dL	N/A	N/A
Albumin	3.5-5.7 g/dL	3.6 g/dL	N/A	N/A
Calcium	8.6-10.3 mg/dL	10.8 mg/dL	N/A	N/A
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	0.7 mg/dL	N/A	N/A
Alk Phos	34-104 units/L	105 unit/L	N/A	Renal disease causes an increase alk phos. Patient's urinary tract infection caused an increase alk phos. (MedlinePlus, 2021)

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 and cloudy	N/A	The presence of E coli was the cause of the yellow and cloudy urine observed after patient urination. A urine culture was not performed but the most common cause of urinary tract infection is E coli which causes yellowing and cloudy urine. (MedlinePlus, 2021)
pH	5.0-9.0	7.39	N/A	N/A
Specific Gravity	1.003- 1.013	1.011	N/A	N/A
Glucose	Negative	Negative	N/A	N/A

Protein	Negative	-4	N/A	N/A
Ketones	Negative	-4	N/A	N/A
WBC	0.0-0.5	>100 high	N/A	White blood cell counts are abnormal because of the patients urinary tract infection. White blood cells are elevated in order to fight off infections. (MedlinePlus, 2021)
RBC	4/HPF	2/HPF	N/A	N/A
Leukoesterase	Negative	4+	N/A	Abnormal results is due to the patients urinary tract infection. (Capriotti, 2020). (MedlinePlus, 2021)

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):

Diagnostic Imaging

All Other Diagnostic Tests (10 points): ABG's: PH venous: 7.39

Pco2 venous: 47.4 mmhg low

Hco3 venous 25.9 mmolL

Base excess venous 3.5mmol/L high O2 saturation venous 52.1% low

X-ray chest intravenous endotracheal tube placement. No significant change prior. Xray was done to check the placement of the intravenous endotracheal tube placement.

Brand/Generic	Cefepime heparin	MiraLAX	Prevacid/ Lansoprazole	Ofirmev	Influenza virus vaccine
Dose	5000 units= 1ml	17g	30mg	1000mg	0.5ml
Frequency	BID	Every 12 hours PRN	Daily	Every 6hours PRN	N/A
Route	subcutaneous	G tube	G tube	Intravenous piggyback	Subcutaneous
Classification	Cephalospori	Polyethylene	Naproxen,	Acetaminoph	Flu vaccine

	n (Jones & Bartlett, 2021).	gycol. (MedlinePlus, 2021).	lansoprazole (MedlinePlus, 2021).	en (MedlinePlus , 2021)	(MedlinePlus, 2021)
Mechanism of Action	Treats UTIs caused by E. coli or K. Pneumoniae, uncomplicated skin and soft tissue infections caused by staphylococcus aureus or streptococcus (Jones & Bartlett, 2021).	Works by retaining water with the stool and increases the number of bowel movements and softens the stool making it easier to pass. Treats Constipation. (MedlinePlus , 2021).	Lansoprazole works by treating ulcer sores in the stomach and allows the esophageal to heal. Lansoprazole is in a class of medications called proton pump inhibitors. Clarithromycin and amoxicillin are in a class of medications called antibiotics. Lansoprazole works by decreasing the amount of acid made in the stomach. (MedlinePlus, 2021).	Ofirmev is used to treat mild to moderate pain and to reduce fever.	The vaccine prevents the flu and other related flu illnesses. (MedlinePlus, 2021).
Contraindications	None	In patients with gastrointestinal (GI) obstruction)	None	Severe hepatic impairment or severe active liver disease (Medline Plus, 2021).	None
,Side Effects/Adverse Reactions (2)	Hypersensitivity reactions, neurotoxicity, diarrhea, fever, headache, nausea, vaginitis (Jones & Bartlett, 2021).	Nausea, bloating, cramping, gas, diarrhea, hives. (MedlinePlus , 2021).	Constipation, nausea, headache, dizziness, diarrhea, nausea, rash, blistering or peeling skin, hives,	Nausea, insomnia, vomiting, constipation, pruritus, agitation, atelectasis, edema, hypervolemia , fatigue, hypokalemia.	Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination. There may

					<p>be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).</p>
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**Current Medications (10 points, 2 points per completed med)
 *5 different medications must be completed***

Medications (5 required)

Medications Reference (APA): Capriotti, T. (2020). *Davis advantage for pathophysiology:*

Introductory concepts and clinical

perspectives. Philadelphia: F.A. Davis.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: None Overall appearance:	Patient was alert and oriented to questions but did not know her location and time. (X2) patient complied with the assessment. Her physical appearance was well dressed and well cared for.
INTEGUMENTARY: Skin color: Character: dry and intact Temperature: Normal Turgor: Loose Rashes: None Bruises: heparin injection bruising Wounds: Tube feeding Braden Score: 14 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: G Tube	Client's skin was dry and intact with normal temperature. Her skin was loose and under 3 seconds. Skin had no rashes and heparin injection bruising. One wound for tube feeding. Type G2
HEENT: nails patent, No lymph nodes Head/Neck: Normal cephalic Ears: symmetrical Eyes: ocular movement intact Nose: intact Teeth: intact shows fillings	Client's oral mucosa was pink and intact. her throat was also pink and moist. The nails were patent and No lymph nodes. She had a normal cephalic and ocular movement intact. Patient's neck appeared symmetrical with trachea and Midline. Patient's eyes were symmetrical with good ocular movement.
CARDIOVASCULAR: Heart sounds: Normal S1, S2 S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Normal Peripheral Pulses: Not palpable Capillary refill: less than 3 Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:	Client had weak popliteal pulse with a normal radial pulse and her peripheral pulse was not palpable. She had s1 and s2 heart sounds with a normal rhythm. Her capillary refill was less than 3.
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character Anterior and posterior auscultated bilateral clear and equal	Client did not use accessory muscle to breath. Client 's anterior and posterior chest auscultated bilateral clear and equal.
GASTROINTESTINAL: Diet at home: regular diet Current Diet pureed Height: Weight:	Client's Diet has mildly thick texture with nectar active consistency. Patient does not have a home diet. Her bowel sounds were active in all four quadrants. Patient stated she has not felt nausea, vomiting, and diarrhea.

<p>Auscultation Bowel sounds: active Last BM: Palpation: Pain, Mass etc.: No pain, No mass 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 checked="" type="checkbox"/> N <input type="checkbox"/> Type: G2</p>	<p>Her abdomen was soft and palpable with bruising from G2 tube feeding. Patient stated she does not have any pain.</p>
<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>	<p>Patient urine color was none observed incontinent. Client denied pain with urination, urgency and frequency. She had no dialysis or catheter in place during her assessment.</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" 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>Patient's neurovascular status was intact, and she has full range of motion. She has equal weakness in both legs and bilateral strength in both arms. Patient uses the wheelchair and assist to get around. She is active and passive in upper and lower limbs. Client requires help to perform adl. Patient's fall risk score is 55 and she needs assistance with equipment.</p>
<p>NEUROLOGICAL: MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status:</p>	<p>Patient is able to slightly move all externalities with weakness of legs. Her eyes exhibit Perla signs. She was oriented X2 and her mental status was oriented X4. Patient had soft clear speech. She could also Sense all over the body. Patient wears glasses and has no sense of edema.</p>

Speech: Sensory: LOC:	
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):	Patient stated they love to watch TV and spend time with family. Patient is also Christian. Patient receives visit from her husband from time to time. Patient spends time communicating with husband when you visit.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:30 AM	67	119 / 61	18	96.5	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0	0/10	N/A	N/A	N/A	N/A

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
75 ml/ hr. 384 ml G2 tube feeding 1.2 cal.	N/A

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 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions?

evidenced by” components	chosen		<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
<p>1. Urinary tract infection as evidence by elevated white blood count.</p>	<p>This nursing diagnosis was chosen because patient experienced lethargy and fever.</p>	<p>1. Give patient cefepime to treat for urinary tract infection and lower lethargy and fever.</p> <p>2 Communicate with patient after treatment</p>	<p>2. Patient’s healthy increased with the treatment provided. Patient fever and lethargy are gone. Patient is able to communicate with husband and husband is satisfied by her treatment.</p>
<p>3. Speech difficulty as evidence by speaking with a soft voice and I am unable to hear her.</p>	<p>This nursing diagnosis was chosen because patient 2x oriented but speaking below her baseline.</p>	<p>1. Place patient with a therapist to practice speech.</p> <p>2. Within one week patient will be able to articulate at baseline voice with the help of a speech therapist.</p>	<p>The patient has been able to speak with her husband and showing signs of improvement. Patient will continue to be evaluated for further improvements. Patient has been able to communicate with her husband with no problems at all and the husband has not complained about any speech problems.</p>

Overall APA format (5 points):

Concept Map (20 Points):

Subjective Data

- 1. Patient stated, "she can only articulate very softly".
- 2. Patient "stated she feels no pain".
- 3. patient stated "

Nursing Diagnosis/Outcomes

Speech impairment: Physical as evidence by below baseline speech articulation. Outcome: Within weeks patient will an increase voice articulation. Patient will continue to receive assistance from speech therapist to improve speech articulation. Weakness in both legs as evidence by inability push the nurse's hand during range of motion assessment. Outcome: patient will be regain strength with the help of strength training or exercise.

Objective Data

VS: BP: 119/61. P: 67. RP:18. T:96.5.
O2:96. Strength in arms 5/5 and legs 4/4.
Difficulty articulating speech with high volume.

Patient Information

Patient is 71 years old.
Admitted due to urinary tract infection site not specified (8/9/21). Has history of prolonged stay due to decannulated tracheostomy.

Nursing Interventions

Instruct client on how to use call light to prevent falls.
Encourage patient to engage in morning routine strength exercise.
Ask patient about they mobility daily to assess any improvement in mobility.
Instruct patient to call for before trying any kind of mobility movement.



