N321 Care Plan # 2

Lakeview College of Nursing

Ashley Matusiak

Demographics (3 points)

Date of Admission 10/16/21	Patient Initials S. L. N.	Age 71 y/o	Gender Female
Race/Ethnicity Caucasian	Occupation Retired (Part time worker)	Marital Status Single	Allergies -Cipro: Diarrhea -Claforan -Darvocet-N-50 -Decadron -Imitrex -Lexapro -Tramadol -Sulfa drugs -Propoxyphene -Meloxicam -Penicillin -Ultram -Valium
Code Status Full code	Height 163 cm	Weight 98 kg	

Medical History (5 Points)

Past Medical History: Back pain, Bilateral carotid artery stenosis, Chest pain, Chronic respiratory failure with hypoxia, Depression with anxiety, Elevated Alk phos level, Fall risk, Fibromyalgia, History of gout, History of PE, History of TIA, Hypercholesterolemia, Hypertensive cardiovascular disease, Morbid obesity, Multiple pulmonary nodules, Numbness and tingling, OSA, Paraseptal emphysema, Peripheral edema, Polio, Polycythemia, Stage 2 moderate COPD

Past Surgical History: Arthroscopy shoulder and rotator cuff repair (right): 12/6/2018, Cataract: 8/2017, Achilles tendon: 1996, Ganglion cyst of left wrist: 1973, Tonsillectomy and adenoidectomy: 1968, History of orthopedic surgery

Family History: Father: Lung cancer, Psoriasis

Mother: Anxiety, COPD, Depression, Diabetes Mellitus, Gout, Heart attack, Hypertension, TB

Brother: COPD

Social History (tobacco/alcohol/drugs): Tobacco: 10 cigs a day starting at age 22 y/o, Total years smoked: 49, Alcohol: Drinks beer 1-2 times a year, only 1-2 drinks per occasion, has drank since 21 y/o, Total years of drinking: 50 years, No recreational drug use

Assistive Devices: Pt uses walker, top set of dentures, and oxygen at home (was on 2 L O2 at home)

Living Situation: Pt lives at home with long term partner who cares for her

Education Level: Pt is High school educated

Admission Assessment

Chief Complaint (2 points): Red/swollen left arm, pt is also experiencing shortness of breath

History of present Illness (10 points): Onset: On 10/16/21 a 71 y/o female arrived at Sarah Bush Lincoln Hospital with worsening pain in her left upper extremity with swelling. This patient, with a history of oxygen use at home for COPD, was also experiencing episodes of shortness of breath. **Location:** The patient reports her pain is in the “left arm” and that she also has an uncomfortable rash all along her left forearm. **Duration:** The patient reports noticing her left arm swelling “for a couple of weeks” so she visited her primary care physician a few days ago and had a Doppler of her left upper extremity to assess the swelling. **Characteristics:** The patient describes her rash pain as “burning and really tender to touch” and her overall left arm extremity pain as “swollen, and painful to move”. **Aggravating Factors:** The patient reports that “moving” her arm and “laying on her left side” makes her pain worse. **Relieving Factors:** The patient prefers sitting up in her chair not only to help with her breathing but also to keep “pressure off her left arm” which makes the pain worse. **Treatment:** The patient only reports

taking her prescribed at home medications for the pain. **Severity:** The patient states her pain was a 4 out of 10 on the numeric scale.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Left arm cellulitis

Secondary Diagnosis (if applicable): Mediastinal mass in left axillary: possible malignancy

Pathophysiology of the Disease, APA format (20 points): Cellulitis is a common skin bacterial infection which results from a crack or break in your skin (possible bites or wounds) that allows bacteria to enter (Mayo Clinic, 2020). These bacteria include, most commonly streptococcus and staphylococcus, however the incidence of a more serious staphylococcus infection called methicillin-resistant Staphylococcus aureus (MRSA) is increasing (Mayo Clinic, 2020). At the cellular level the cellulitis organism invades the compromised area, and it overwhelms the defensive cell such as neutrophils, eosinophils, basophils, and mast cells which normally contain and localize inflammation (Capriotti, 2020). As cellulitis progresses, the organism invades tissue around the initial wound (Capriotti, 2020). This condition affects the dermis layer of the skin and can even infect the subcutaneous tissue underneath (Mayo Clinic, 2020). The effects of cellulitis on the body overall can include extensive tissue damage and tissue death (gangrene) (Mayo Clinic, 2020). The infection if not properly treated can also spread to the blood, bones, lymph system, heart, and nervous system and can ultimately lead to amputation, shock, or even death (Capriotti, 2020).

Common signs and symptoms of cellulitis include a red area of skin that tends to expand, swelling, tenderness, pain, warmth, fever, blisters, and skin dimpling (Mayo Clinic, 2020). The patient I treated in the hospital experienced all these symptoms. Some laboratory findings that

are a sign of cellulitis include blood cultures, complete blood cell (CBC) with differential, and levels of creatinine, bicarbonate, creatine phosphokinase, and C-reactive protein (CRP) (Capriotti, 2020). Elevated WBCs are also a big indicator of infection including cellulitis. While these tests can be useful in some cases, normally cellulitis is diagnosed with only a doctor examining the skin (Mayo Clinic, 2020). This is because blood cultures do not significantly alter treatment of cellulitis or aid in diagnosing the microbial organisms in acute adult cellulitis in normal immunocompetent individuals (Mayo Clinic, 2020). This explains why the patient I treated never had a wound culture or blood culture done to diagnose their cellulitis. Instead, cellulitis treatment usually includes a prescription oral antibiotic. Clindamycin, the antibiotic prescribed to the patient I treated was not an oral route but an IV route instead, most likely due to the severity. Within three days of starting the antibiotic, your doctor will know whether the infection is responding to treatment (Mayo Clinic, 2020). Cellulitis may also affect certain vital signs such as temperature, heart rate, and blood pressure. This is because cellulitis can cause fever, and pain which can increase blood pressure, and heart rate (Mayo Clinic, 2020). The patient I treated had a normal heart rate and blood pressure, however she did have fever symptoms before arriving at the hospital.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Mayo Foundation for Medical Education and Research. (2020, February 6). *Cellulitis*. Mayo Clinic. Retrieved October 23, 2021, from https://www.mayoclinic.org/diseases-conditions/cellulitis/symptoms-causes/syc-20370762.

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)	4.40	4.31	
Hgb	12.0-15.5 (gm/dL)	12.7	12.5	
Hct	35-45%	38.1	37.6	
Platelets	140-400 (1000/mm3)	263	281	
WBC	4.0-9.0 (10x3/ uL)	12.6	12.5	The patients elevated WBC level could be the result of her body fighting the cellulitis infection (Mayo Clinic, 2020).
Neutrophils	40-60%	82.5	81.2	High neutrophil levels can be due to infection, especially bacterial, or other injuries, it is also commonly elevated in smokers (Morris, 2018).
Lymphocytes	0.8-5.0 (10x3/ uL)	4.8	4.5	
Monocytes	2-8%	9.2	9.3	High monocyte levels in this patient can be due to inflammation, possibly caused by the patient's cellulitis or COPD (Pietrangelo, 2019).
Eosinophils	1-4%	2.8	4.0	
Bands	8-21 (mg/dL)	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-	135-145 (mEq/L)	134	136	Hyponatremia can occur in COPD patients as a manifestation of secondary water retention (Valli).
K+	3.5-5.1 (mEq/L)	2.7	3.4	Hypokalemia in COPD patients may be caused by respiratory acidosis (Mayo Clinic, 2020).
Cl-	98-107 (mEq/L)	85	88	Low chloride levels may be due to chronic lung disease, such as COPD, particularly emphysema (Seladi-Schulman, 2018).

CO2	22-29 (mEq/L)	36	36	Hypercapnia is commonly caused by COPD, which involves not enough O2 entering the lungs, and not enough CO2 emitting after respiration (Leonard, 2020).
Glucose	70-99 (mg/dL)	134	106	Increased glucose levels can be caused by body stress from infection, such as the patient's cellulitis, or poor diet, and is an indicator for diabetes (Cleveland Clinic, 2020).
BUN	6-20 (mg/dL)	13	14	
Creatinine	0.50-1.00 (mg/dL)	0.53	0.56	
Albumin	3.5-5.2 (gm/dL)	3.4	3.5	Low albumin levels may indicate a diet low in protein, or it could also be the result of inflammation resulting from serious infections (Jewell, 2018).
Calcium	8.4-10.5 (mg/dL)	9.0	8.8	
Mag	1.6-2.6 (mg/dL)	1.6	N/A	
Phosphate	3.4-4.5 (mg/dL)	N/A	N/A	
Bilirubin	0.0-1.2 (mg/dL)	1.5	1.2	High bilirubin can indicate liver damage, and it is sometimes the result of medications such as antibiotics or codeine, both of which are taken by the patient (Mayo Clinic, 2020).
Alk Phos	35-105 (U/L)	154	159	High Alk Phos levels can indicate bacterial infection, or possibly indicate cancers such as bone, kidney, or liver cancer (Ellis, 2019).
AST	0-32 (U/L)	25	24	
ALT	0-33 (U/L)	28	30	
Amylase	40-140 (U/L)	N/A	N/A	
Lipase	0-160 (U/L)	N/A	N/A	
Lactic Acid	0.5-1 (mmol/L)	N/A	N/A	

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	0.81-1.20	N/A	N/A	
PT	11.5-15.0 (sec)	N/A	N/A	
PTT	25-35 (sec)	N/A	N/A	
D-Dimer	<0.50 (g/L)	N/A	N/A	
BNP	<125 (pg/mL)	N/A	N/A	
HDL	>40 (mg/dL)	N/A	N/A	
LDL	<100 (mg/dL)	N/A	N/A	
Cholesterol	<200 (mg/dL)	N/A	N/A	
Triglycerides	<150 (mg/dL)	N/A	N/A	
Hgb A1c	4-5.6%	N/A	N/A	
TSH	0.5-5.0 (U/L)	N/A	3.17	

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-light yellow	N/A	N/A	
pH	4.5-8.0	N/A	N/A	
Specific Gravity	1.005-1.030	N/A	N/A	
Glucose	0-0.8 (mmol/L)	N/A	N/A	
Protein	0-14 (mg/dL)	N/A	N/A	
Ketones	Negative	N/A	N/A	

WBC	Negative	N/A	N/A	
RBC	Negative	N/A	N/A	
Leukoesterase	Negative	N/A	N/A	

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

Lab Correlations Reference (1) (APA):

Ellis, M. E. (2019, January 24). *Alkaline phosphatase level test (ALP)*. Healthline. Retrieved October 22, 2021, from https://www.healthline.com/health/alp.

Hyperglycemia: Causes, symptoms, treatments & prevention. Cleveland Clinic. (2020, February 12). Retrieved October 22, 2021, from https://my.clevelandclinic.org/health/diseases/9815-hyperglycemia-high-blood-sugar.

Jewell, T. (2018, September 2). *Hypoalbuminemia: Causes, treatment, and more*. Healthline. Retrieved October 22, 2021, from https://www.healthline.com/health/hypoalbuminemia#causes-and-risk-factors.

Leonard, J. (2020, November 8). *Hypercapnia: Causes, treatments, and diagnosis*. Medical News Today. Retrieved October 22, 2021, from https://www.medicalnewstoday.com/articles/320501.

Mayo Foundation for Medical Education and Research. (2020, July 11). *Low potassium (hypokalemia) causes*. Mayo Clinic. Retrieved October 22, 2021, from https://www.mayoclinic.org/symptoms/low-potassium/basics/causes/sym-20050632.

Mayo Foundation for Medical Education and Research. (2020, November 24). *High white blood cell count causes*. Mayo Clinic. Retrieved October 22, 2021, from https://www.mayoclinic.org/symptoms/high-white-blood-cell-count/basics/causes/sym-20050611.

Mayo Foundation for Medical Education and Research. (2020, October 23). *Bilirubin test*. Mayo Clinic. Retrieved October 22, 2021, from https://www.mayoclinic.org/tests-procedures/bilirubin/about/pac-20393041.

Morris, S. (2018, September 29). *Neutrophils: Definition, counts, and more*. Healthline. Retrieved October 22, 2021, from https://www.healthline.com/health/neutrophils#high-levels.

Pietrangelo, A. (2019, November 19). *Monocytes high: What does it mean if monocytes are elevated?* Healthline. Retrieved October 22, 2021, from https://www.healthline.com/health/monocytes-high#causes-of-high-levels.

Seladi-Schulman, J. (2018, September 29). *Hypochloremia: Levels, symptoms, treatment, and more*. Healthline. Retrieved October 22, 2021, from https://www.healthline.com/health/hypochloremia#causes.

Valli, G. (n.d.). *Water and sodium imbalance in COPD patients*. Monaldi archives for chest disease = Archivio Monaldi per le malattie del torace. Retrieved October 22, 2021, from https://pubmed.ncbi.nlm.nih.gov/15510711/.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

-CT Angiography of the chest: Due to severity of the swelling left upper extremity a CT was ordered which showed an enlarged left axillary stable mass, and a concern for malignancy in the right subclavian venous return obstructing the SVC. The patient will remain in hospital for further work-up of these findings, looking for malignancy, metastatic breast cancer is a possibility.

-Venous Duplex: The patient also had an ultrasound of the left arm done to rule out a DVT in the upper extremity, and it came back negative.

-EKG: An EKG was also ordered to rule out any heart conditions caused by a DVT, and it showed a normal sinus rhythm.

Diagnostic Test Correlation (5 points): The CT angiography of the chest was used due to the patient's symptoms resembling a PE; however incidentally, the results showed a different diagnose of an enlarged left axillary stable mass, which requires further testing. Tests used to diagnose mediastinal masses normally include a CT with contrast, blood tests, ultrasounds, needle biopsy, chest X-ray, MRI, esophagoscopy, bronchoscopy, or a mediastinoscopy with biopsy (Cleveland Clinic, 2019). The venous duplex and EKG were done for a similar reason. The patient's symptoms were like that of a DVT or PE, so it was important to check the arm for clots and the heart for any damage (Capriotti, 2020).

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Mediastinal tumors: Causes, symptoms, diagnosis & treatments. Cleveland Clinic. (2019, April 9). Retrieved October 22, 2021, from https://my.clevelandclinic.org/health/diseases/13792-mediastinal-tumor.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Demadex/ torsemide	Phenergan/ promethazine	Daliresp/ roflumilast	Lyrica/ pregabalin	Xarelto/ rivaroxaban
Dose	20 mg	25 mg	250 mcg	150 mg	20 mg
Frequency	Daily	Up to 3 times daily, PRN	Daily	Twice daily	Once daily in the evening
Route	Oral	Oral	Oral	Oral	Oral
Classification	**Pharm:** Loop diuretic **Thera:** Antihypertensive, diuretic	**Pharm:** Phenothiazine **Thera:** Antiemetic, antihistamine, antivertigo, sedative-hypnotic	**Pharm:** Selective phosphodiesterase 4 inhibitor **Thera:** Antipulmonic obstructive agent	**Pharm:** Gamma-aminobutyric acid (GABA) analogue **Thera:** Analgesic, anticonvulsant	**Pharm:** Factor Xa inhibitor **Thera:** Anticoagulant
Mechanism of Action	Blocks chloride and sodium	Competes with histamine for	Increases intracellular	Binds to alpha2-delta site, an	Selectively blocks the active

	reabsorption in the ascending loop of Henle by promoting rapid excretion of chloride, sodium, and water. Also increases renal prostaglandins, increasing plasma renin level and renal vasodilation. This results in lowered blood pressure, reducing preload and afterload.	H1 receptor sites, antagonizing many histamine effects. Also prevents motion sickness, nausea, and vertigo by acting centrally on medullary chemoreceptive trigger zone and decreasing labyrinthine function in inner ear.	cyclic AMP in lung cells by inhibiting a major cyclic AMP-metabolizing enzyme in lung tissue to improve pulmonary function.	auxiliary subunit of voltage calcium channels, in CNS tissue where it reduces calcium dependent neurotransmitters. With fewer neurotransmitters, pain sensation and seizure activity decline.	site of factor Xa, which plays a central role in the cascade of blood coagulation. Without the action of factor Xa, blood clotting is impaired.
Reason Client Taking	Treats client's hypertension	Treats client's nausea/vomiting	Treats and prevents client's COPD exacerbations	Treats client's fibromyalgia pain	Client takes this to prevent DVT and major cardiovascular events
Contraindications (2)	-Hypersensitivity to torsemide -Torsemide-induced hypokalemia	-Hypertensive crisis -Lower respiratory tract disorders	-Hypersensitivity to roflumilast -Severe liver impairment	-Hypersensitivity to pregabalin -Depression/ suicidal thoughts	-Active pathological bleeding -Hypersensitivity to rivaroxaban
Side Effects/Adverse Reactions (2)	-CV: hypotension, ECG abnormalities -Hypocalcemia	-CV: bradycardia, hypotension, hypertension -RESP: apnea, respiratory depression	-CNS: anxiety, depression, suicidal ideation -GU: acute renal failure, UTI	-HEME: Leukopenia, thrombocytopenia -RESP: Apnea, dyspnea	-GI: abdominal pain, GI bleeding -HEME: Hemorrhage, thrombocytopenia
Nursing Considerations (2)	-Expect torsemide-induced electrolyte imbalances, monitor -Advise patient to change position slowly due to orthostatic hypotension	-Monitor respiratory function, drug may suppress cough reflex and thicken secretions in COPD -Urge patient to avoid excessive sun exposure and wear sunscreen outdoors	-Monitor for suicidal tendencies and insomnia -Monitor patient weight and notify prescriber if significant weight loss occurs	-Therapy should be stopped gradually at least over a week -Monitor for suicidal behavior especially when therapy starts or the dosage changes	-Should not be given to patients with hepatic impairment -Monitor patient closely for bleeding

Hospital Medications (5 required)

Brand/Generic	Pulmicort/ budesonide	Cleocin/ clindamycin	Oxeze Turbuhaler (CAN)/ formoterol fumarate	Yupelri/ revefenacin	Verazine/ zinc sulfate
Dose	0.25 mg/ 2 ml	450 mg/ 3 ml	20 mcg/ 2 ml	175 mcg/ 3 ml	220 mg

Frequency	Twice a day	Every 6 hours	Twice a day	Daily	Twice a day
Route	Nebulized inhalation	IV piggyback	Nebulized inhalation	Nebulized inhalation	Oral
Classification	**Pharm:** Corticosteroid **Thera:** Antiasthmatic, anti-inflammatory	**Pharm:** Lincosamide **Thera:** Antibiotic	**Pharm:** Selective beta 2 adrenergic agonist **Thera:** Bronchodilator	**Pharm:** Anticholinergic **Thera:** bronchodilator	**Pharm:** Trace element, mineral **Thera:** Nutritional supplement
Mechanism of Action	Inhibits inflammatory cells and mediators, possibly by decreasing influx into nasal passages, bronchial walls, or the intestines. Results in airway inflammation decreasing. Oral inhalation form also inhibits mucus secretion in airways, decreasing the amount and viscosity of sputum.	Inhibits protein synthesis in susceptible bacteria by binding to the 50S subunits of bacterial ribosomes and preventing peptide bond formation, which causes bacterial cells to die.	Attaches to beta2 receptors on bronchial membranes, stimulating the intracellular enzyme adenyl cyclase to convert adenosine triphosphate to cAMP. Results in increased intracellular cAMP level which inhibits histamine release, relaxing bronchial smooth muscle cells.	Inhibits muscarinic receptor M3 in smooth muscles of the airways to produce bronchodilation.	Needed for proper functions of more than 200 metalloenzymes. Also helps maintain cell structure, nucleic acid, and protein structure. Essential for certain physiologic functions like cell growth. Also provides cellular antioxidant protection by scavenging free radicals and can decrease absorption of copper.
Reason Client Taking	Client takes this to manage COPD to prevent breathing difficulty	Client takes this for cellulitis infection on left arm	Client takes this as long-term treatment for COPD	Client takes this for maintenance therapy of COPD	Client takes Zinc to supplement nutritional needs, as well as boost immune system, manage blood sugar, and promote healthy heart and blood vessels
Contraindications (2)	- Hypersensitivity to budesonide -Nasal trauma	- Hypersensitivity to clindamycin -Tartrazine-sensitive patients	- Hypersensitivity to formoterol -High BP	- Hypersensitivity to revefenacin -Hepatic impairment	- Hypersensitivity to zinc -Those with high amount of oxalic acid in urine
Side Effects/Adverse Reactions (2)	-EENT: dry mouth, candidiasis -GI: pancreatitis, rectal bleeding	-CV: hypotension -GI: c-diff, diarrhea	-CV: arrhythmias, hypotension -RESP: bronchospasm	-RESP: bronchitis, paradoxical bronchospasms -CNS: dizziness, headache	-CNS: neurologic deterioration -GI: gastric irritation, nausea,

					vomiting
Nursing Considerations (2)	-Do not give to patients with milk allergy -Advise patient to rinse mouth afterwards to prevent throat infection	-Monitor CBC, liver enzymes, and platelet counts for prolonged therapy -Assess bowel pattern daily, checking for signs of c-diff infection	-Monitor for paradoxical bronchospasm -Monitor for increase in BP and pulse rate	-Do not use during life threatening COPD episodes -Use cautiously in patients with urinary retention	-Can cause copper deficiency monitor serum copper levels -Take zinc 1-2 hours before meal

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook* (19th ed.).

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**Alert and responsive** **A&O x4** **Pt distressed due to SOB** **Well-groomed and appropriately dressed**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 **Pink** **Dry/intact, localized abnormality of left forearm** **Warm** **Elastic turgor, <1 sec** **Rash with serous drainage: lower left extremity from wrist to elbow** **Bruising on right elbow bony prominence** **18**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:**	**Normocephalic, Symmetric skull and face** **Trachea midline, thyroid rise and fall, lymph nodes nonpalpable** **Poor hearing, tympanic membrane**

Nose: **Teeth:**	**grey/pearly, ears free of discharge** **Poor sight, EOM intact, PERLA, eyes symmetric, swelling of the eyelids** **Bloody nasal discharge, septum midline, no blockages** **Top dentures, mouth is clean, oral mucosa pink and moist**
CARDIOVASCULAR (2 points): **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:**	**S1 and S2, Normal sinus rhythm, and rate, peripheral pulses 2+ bilaterally, cap refill: <2 secs, non-pitting edema of the left upper extremity 1+**
RESPIRATORY (2 points): **Accessory muscle use: Y☒ N ☐** **Breath Sounds: Location, character**	**Respirations labored, pursed lip breathing, regular breathing pattern, Wheezing heard over both lungs, lung aeration equal, Pt on 5 L of O2 and now on Bi-pap since O2sat dropped to 80%**
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 ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**No at home diet** **Heart healthy diet** **163 cm** **98 kg** **Active bowel sounds noted in all 4 quadrants** **10/16/21** **No abnormalities noted upon inspection for distention, incisions, scars, drains, and wounds**
GENITOURINARY (2 Points): **Color:** **Character:**	**Yellow** **Cloudy** **125 ml voided x1**

Quantity of urine: **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Nail beds pink with cap refill <2 secs, extremities warm** **Active ROM** **Walker** **4-active motion against some resistance, lower limbs stronger than upper extremities, weak left arm** **Morse fall score 60** **Up with 1** **Needs assistance with equipment** **Needs support to walk**
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☒** **PERLA: Y ☒ N☐** **Strength Equal: Y ☐ N ☒ if no -** **Legs ☐ Arms ☒ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	**Strength in left arm 2, strength in right arm 4** **A&O x4** **Normal cognition, can follow commands, impaired only when low O2 sat** **Speech is limited due to Bi-pap** **LOC: lethargic, but awakes to verbal stimuli**
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):**	**Copes with long-term partner and friends** **Mature and cognitive** **Not religious** **Lives at home, and is cared for by partner**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	**78 beats/min**	**129/85**	**18 respirations/**	**36.6 c**	**79%**

			min		
1030	**86 beats/min**	**110/60**	**20 respirations/ min**	**36.4 c**	**95%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**Numeric**	**chest**	**3/10**	**-Extreme SOB after O2 sat fell to 80%**	**-Put patient into bed -Contacted respiratory therapist for Bi-pap**
1030	**numeric**	**arm**	**0/10**	**-Patient reports no pain, just drowsiness**	**-Warm blanket -Pillow under left arm to elevate**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	20 gauge Right lower hand 10/16/21 Patent No redness or drainage Dressing clean/dry/intact 0.9 Sodium chloride-1000 ml Clindamycin 450 mg in 100 ml, rate: 206 ml/ hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 ml	**125 ml Voided x1**

Nursing Care

Summary of Care (2 points)

Overview of care: Passing meds, assessing pain, assessing respirations

Procedures/testing done: Pt had respiratory therapy in room at 0700 for Bi-pap and nebulizers

Complaints/Issues: Patients O2 sat falling causing SOB and confusion, arm pain

Vital signs (stable/unstable): Unstable O2 sat

Tolerating diet, activity, etc.: Pt was lethargic, did not eat breakfast, and cannot tolerate activity

Physician notifications: N/A

Future plans for patient: Pt will stay in hospital, mediastinal mass will likely be biopsied, pts cellulitis should start to show improvement with antibiotic therapy

Discharge Planning (2 points)

Discharge location: At home with her partner

Home health needs (if applicable): Partner helps with ADLs

Equipment needs (if applicable): shower chair/ walker

Follow up plan: Patient should follow up with primary care provider in two weeks regarding her cellulitis. She may also require additional appointments regarding the mediastinal mass.

Education needs: Education on antibiotic therapy

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

Nursing Diagnosis	Rational	Intervention (2 per	Evaluation

• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen	**dx)**	• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired skin integrity related to cellulitis of left arm as evidenced by patient's blistery rash.	**This nursing diagnosis was chosen because the cellulitis rash creates breaks in skin which alter primary defenses of the skin.**	**1.Intiate antibiotic clindamycin to clear up the cellulitis.** **2.Educate patient to avoid popping blisters, to prevent scaring and bleeding.**	**-Goal met: antibiotic was given, however the pt may have allergy to clindamycin due to the swelling of her eye lids.** **-Goal met: Pt reframed from picking at her rash.**
2. Acute pain related to left extremity mediastinal mass and cellulitis rash, as evidenced by pt stating her rash is "burning and tender to touch" and her arm being "swollen and hard to move".	**This nursing diagnosis was chosen because the Pt reported a lot of pain due to her cellulitis and the mass in her axillary.**	**1. Administer pain medication.** **2.Change Pt position to allow rest and comfort.**	**-Goal met: Pts pain went to a 0/10 and she was able to rest.** **-Goal met: Pt pain was so well controlled she was able to sleep in the bed, this is an improvement from sleeping up in a chair due to arm pain like she had been for a while.**
3. Ineffective breathing pattern related to the patient's COPD, as evidenced	**This nursing diagnosis was chosen because the patient's O2 sat plummeted at 0700 and she had to be put on a Bi-PAP to help her**	**1 Contacted respiratory therapy for Bi-PAP machine.** **2Moved pt from her chair to bed to avoid falling out of her chair.**	**-Goal met: The respiratory therapist put the pt on the Bi-PAP and her O2 sat went to 95%.** **-Goal met: Successfully got pt into bed which allowed her to relax.**

by her experiencing SOB, and her O2 sat dropping to 79%.	**breathing. She was also a little confused and unsteady.**		

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient describes her cellulitis rash pain as "burning and really tender to touch" and her overall left arm extremity pain as "swollen, and painful to move". Reports pain 3/10 numeric scale.

Nursing Diagnosis/Outcomes

1. Impaired skin integrity related to cellulitis of left arm as evidenced by patient's blistery rash.
--Goal met: antibiotic was given, however the Pt may have allergy to clindamycin due to the swelling of her eye lids.
-Goal met: Pt reframed from picking at her rash
2.Acute pain related to left extremity mediastinal mass and cellulitis rash, as evidenced by Pt stating her rash is "burning and tender to touch" and her arm being "swollen and hard to move".
-Goal met: Pts pain went to a 0/10 and she was able to rest.
-Goal met: Pt pain was so well controlled she was able to sleep in the bed, this is an improvement from sleeping up in a chair due to arm pain like she had been for a while
3.Ineffective breathing pattern related to the patient's COPD, as evidenced by her experiencing SOB, and her O2 sat dropping to 79%.
-Goal met: The respiratory therapist put the Pt on the Bi-PAP and her O2 sat went to 95%.
-Goal met: Successfully got Pt into bed which allowed her to relax

Objective Data

Labs: Elevated WBC, Neutrophils, monocytes, CO2, glucose, Alk Phos
Decreased electrolytes: Na-, K+, Cl-
Diagnostic tests: CTA of chest: irregular mass, Venous duplex: no clots, EKG: normal sinus rhythm
VS:
P:78 beats/min
RR:18 respiration/min
BP:129/85
Temp:36.6 c
O2:79%

Patient Information

A 71 y/o female arrived at Sarah Bush Lincoln Hospital with worsening pain in her left upper extremity with swelling. This patient, with a history of oxygen use at home for COPD, was also experiencing episodes of shortness of breath.

Nursing Interventions

Initiate antibiotic clindamycin to clear up the cellulitis.

Educate patient to avoid popping blisters, to prevent scaring and bleeding.

Administer pain medication.

Change Pt position to allow rest and comfort.

Contacted respiratory therapy for Bi-PAP machine.

Moved Pt from her chair to bed to avoid falling out of her chair.